

## Do Program Directors and Their Chief Residents View the Role of Chief Resident Similarly?

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**Background:** *The chief resident plays an important role in family practice residencies and is positioned at the nexus of the relationship between the faculty and the residents. It is unknown if program directors and their respective chief residents view this position and the role of training and faculty development similarly.* **Methods:** *Parallel surveys were sent to all family practice residency program directors and their respective chief residents to explore their perceptions of the importance of the tasks and roles of the chief resident and the effects that perceived training, feedback, and support have on the chief resident's satisfaction.* **Results:** *Fifty-one percent of chief residents and their program directors returned surveys that could be analyzed in parallel. Program directors placed relatively greater importance on the administrative role of chiefs. Mentioned most frequently as problems were balancing administrative duties with other tasks, dealing with personnel issues, and working with the lack of a clear job description. Chiefs who participated in formal training programs and who perceived better burnout prevention were more satisfied with their position.* **Conclusions:** *A large number of chief residents perceived gaps in the preparation for their position, particularly with regard to administrative skills. These deficiencies are particularly ironic in light of program directors' perceptions that administrative duties are of the highest importance among the tasks assigned to chief residents. Faculty development strategies and a program of burnout prevention for chief residents should be incorporated into each residency.*

(Fam Med 1996;28:343-5.)

Chief residents play an integral role in most family practice residency programs. Recent work by Norris and Susman delineated the duties and preparation of chief residents in family medicine.<sup>1,2</sup> These papers suggest that chief residents play a key liaison role in resident-faculty communication and in the areas of administration, scheduling, developing educational programs, and directing clinical services. The findings of those studies also suggest that the training of chief residents for these functions is limited or absent.

The job expectations, training, and satisfaction with the chief resident in family practice residency programs have been measured through surveys of either the chief residents or the program directors.<sup>1,2</sup> Thus, these studies provide information from the point of view of either the program director or the chief resi-

dent. However, these studies did not allow comparison of the views between directors and chief residents serving in the same program at the same time. This comparison is important because, in many academic settings, the perceptions of educational programs from the point of view of the faculty differ substantially from the perceptions of trainees.<sup>3-5</sup>

This study determined if expectations of the roles of chief residents are concordant between chiefs and their program directors. We explored the concordance of chief residents' and program directors' expectations and perceptions of problems within their programs and the effects that perceived training, feedback, and support have on chief residents' satisfaction.

### Methods

Parallel surveys of all 391 family practice residency program chief residents and their residency directors were mailed in February 1992. One reminder and a follow-up survey were sent 6 weeks later to nonrespondents. These surveys had been developed by the authors for this study. The survey was five pages long

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and included: 1) a rating of the importance of 28 skills, tasks, and duties of the chief resident, 2) a rating of how exciting or concerning these tasks or duties were, 3) an overall assessment of the educational, research, service, and administrative roles of the chief resident, including whether or not the position was an educational experience, 4) an assessment of the preparation, training, evaluation and support of the chief resident, and a rating of burnout prevention, and 5) demographics and personal and program characteristics. Items other than demographic, personal, and program characteristics were measured with 5-point Likert scales on which 1 indicated strong disagreement or negative assessment and 5 indicated strong agreement or positive assessment.

The survey was tested for face validity by sharing it with resident faculty and former chief residents. Descriptive statistics were used to tally results. Tasks and skills were categorized into educational, research, service, and administrative areas. The paired *t* test was used to compare the relative importance placed on these areas by the chiefs and their program directors. The associations of perceived training, quality of evaluation, and burnout prevention with the rating of the chief residency experience and willingness to do the job again were investigated with Pearson correlation and logistic regression.

A content analysis of open-ended questions about problems, difficulties, and benefits of being chief was also conducted. Responses were grouped independently by two of the authors according to themes in each area. Differences were resolved through discussion. The results were then reviewed independently by the third author. A frequency count of these issues was performed.

## Results

Of 391 surveys, 199 (51%) were completed by both the chief resident and his or her corresponding program director.

The ratings by chiefs and their program directors of the importance of having skills in key areas were quite similar (Table 1). The chief resident position was viewed as an educational experience by both groups, although neither felt particularly strongly about this perception (chiefs' rating was 3.76 and directors' rating was 3.91).

Both directors and chiefs felt that the roles of education, clinical care/service, and administration were more important than research, and the chiefs spent their time accordingly (Table 2). Program directors viewed the chief's administrative functions as more important than did chiefs, while the chief residents felt service was more important (Table 2). The chiefs perceived that they spent more time in the administrative role and less in the clinical care/service role

Table 1

### Composite Rating of the Importance of Four Skill Areas That Comprise the Chief Resident's Job

Skill Area	Chiefs' Rating	Program Directors' Rating
Administration	1.9	2.0*
Teaching	2.9	3.2**
Research	3.8	3.8
Clinical care/service	2.6	2.7

Composite rating (1=very important, 5=not important)

The paired *t* test was used for comparison of means between directors and chiefs.

\*  $P < .05$

\*\*  $P < .0001$

than their respective program directors. Both groups believed a key challenge for the chief resident was serving as a liaison between faculty and residents.

Chiefs who had received training for their position rated their training as only fair, as did their program directors. Thirty-one percent of chiefs had participated in a formal training program for their position, and 90% of these experiences were external to the residency. Chiefs who participated in external formal programs rated their training more highly (3.58 versus 2.61) than those whose training was inside the program ( $P < .0001$ ). Those chiefs with external training would be more willing to be chief again if they were given the opportunity ( $P < .05$ ) than those with-

Table 2

### Overall Rating of the Importance of and Percent of Time Devoted to Four Areas Within the Chief Resident's Job

Skill Area	OVERALL RATING†		PERCENT OF TIME‡	
	Chief	Program Director	Chief	Program Director
Administration	2.3	1.8**	34%	24%*
Teaching	2.5	2.5	26%	28%
Research	4.2	4.2	8%	8%
Clinical care/service	2.2	2.7**	31%	39%

The paired *t* test was used for comparing means.

\*  $P < .05$

\*\*  $P < .0001$

† "Rate the following roles of the chief resident in order of importance. 1 = most important and 5 = least important."

‡ Due to rounding, totals do not equal 100%.

Table 3  
Content Analysis of Problems and Benefits  
Noted by Chief Residents

	<i>Percentage of Chiefs Noting Problem</i>
<b>PROBLEMS</b>	
Balancing administration with other duties	28.6%
Burdensome scheduling	22.6%
Challenging liaison activities	19.1%
Insufficient teaching	5.0%
<b>ADVANTAGES</b>	
Learn administrative skills	37.2%
Chance to have greater responsibility for patient care	9.0%

(Free responses to open-ended questions)

All other areas were noted by less than 5% of chief residents.

out such training. Additionally, chiefs who felt they had better training rated their overall residency experience more highly ( $P < .0001$ ).

Chiefs rated the quality of burnout prevention as only fair, while program directors rated such assistance significantly more highly. Chiefs who rated the quality of burnout prevention and the quality of their evaluations more highly were more likely to rate their experience as chief resident more highly.

A content analysis revealed consistent problems and benefits of the chief resident position. Much similarity in these perceptions was seen across programs. Those problems and benefits noted by at least 5% of the chief residents are displayed in Table 3.

## Discussion

Consistent with previous studies and with traditions in family practice training programs, both chief residents and program directors valued clinical care, administration, and education about equally and above research.<sup>1,2</sup> Notably, while both program directors and chiefs saw administration as an important function, directors believed it took less of the chiefs' time than did the chiefs. A greater appreciation of the challenges of administration (which may be taken for granted by experienced program directors) may be needed, especially for neophyte family physicians in these difficult boundary positions.

In our previous studies, the main task of the chief was seen as a liaison between the faculty and the residents.<sup>1,2</sup> In this study, chief residents and their program directors were in fairly close agreement in their perceptions about the relative roles and challenges of the position. This suggests fairly good communica-

tion between residents and chiefs concerning the job description of the chief position and good matching of expectations with reality.

Mirroring earlier studies, the majority of chiefs (69%) did not receive formal training for their role. However, the chief residents' satisfaction with their position is associated with their perception of their preparation, evaluation, and burnout prevention. While chiefs and program directors agree on the overall focus of the position, it appears that more could be done to prepare chiefs for their roles. Although training programs for chief residents are available<sup>7,8</sup> many residencies have not made this investment in their residents. The data presented here suggest that efforts directed toward better training of chief residents would be beneficial. Chief residents face issues that place them in potential conflict between resident peers and faculty and stretch their abilities to organize, plan, and triage responsibilities. We owe our chief residents better preparation for their jobs, enhanced faculty development, evaluation, and feedback. Many of these residents will assume teaching roles in the future, and our discipline will benefit from investments made in their time as chiefs.

## Conclusions

This study provides, for the first time, clear information that both chief residents and program directors see the chief resident role similarly. Further, chief residents from across the United States, in a wide variety of programs, experience the same problems and benefits in their jobs.

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