

# Attitudes of Faculty and Junior Doctors Towards a Structured Residency Program

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## ABSTRACT

*Introduction: At KK Women's and Children's Hospital we are in the process of transitioning from a semi-structured training system for obstetrics and gynaecology to a structured residency program based on the Accreditation Council of Graduate Medical Education core competency system in the United States. The aim of the study was to explore the attitudes and perceptions of faculty and junior doctors in response to the change to a structured system.*

*Method: A 13 question 5-point Likert scale questionnaire was administered to all faculty and junior doctors. The questions assessed opinions on the need for a change of the current system, knowledge of the proposed structured system, and the potential consequences of changing to a structured system. The individual responses to the questions were summed and divided into percentage positive, neutral, and negative responses. The questions were further analyzed by a Chi Square test of independence with a 95% confidence interval.*

*Results: The results from the faculty group were 33% positive responses, 30% neutral responses, and 36% negative responses. The results from the junior doctors were 21% positive responses, 47% neutral responses, and 32% negative responses. Chi square analysis revealed no significant difference between the faculty and junior doctors overall ( $p = .205$ ), but 3 individual questions yielded significant differences in the areas of familiarity with the core competencies ( $p < 0.003$ ), perception of increased time spent on teaching and education activities ( $p < 0.027$ ), and perception of more time spent on paperwork and documentation ( $p < 0.003$ ).*

*Conclusion: The overall opinion of changing to a structured obstetrics and gynaecology residency program was quite neutral among faculty and junior doctors. The faculty appeared to have more knowledge of the proposed structured system but had more negative views on the potential decrease in clinical workload and increase in documentation and paperwork. It is important to educate the junior doctors on the new system and to engage faculty on their concerns regarding changes in workloads.*

**Keywords:** structured residency program, Accreditation Council of Graduate Medical Education (ACGME), core competencies

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## INTRODUCTION

At KK Women's and Children's Hospital we are in the process of making an exciting transition in the history of medical education in Singapore. The obstetrics and gynaecology specialty is changing from a semi-structured, apprentice based training system to a structured system based on the Accreditation Council of Graduate Medical Education (ACGME) core competency system in the United States of America.

Why change the current system of medical education? The change has been mandated by the Ministry of Health in Singapore and has several potential benefits. The ACGME based structured system is considered the "Gold Standard" of medical education in many parts of the world<sup>(1)</sup>. A structured system allows for a potential increase in the standard of education, thus enhancing educational excellence and patient care<sup>(1,2)</sup>. By raising educational standards, it allows Singapore to train and retain local talent, which is necessary to cope with the increasing and aging population in Singapore<sup>(3)</sup>. The current semi-structured apprenticeship system is under strain due to an increasing and aging population and the rapid progress of medicine<sup>(3)</sup>. There are an increased number of junior doctors needing training along with an increase in service demand, which often takes the focus off of medical education.<sup>(3)</sup> A major challenge that exists in the current system is the balancing of protected teaching time with service demands<sup>(1)</sup>.

The ACGME core competency system breaks down medical education into six areas: Medical Knowledge, Patient care, Professionalism, Communication, Systems Based Practice, and Practice Based Learning and Improvement. The core competencies require specific educational objectives and goals to be met and documented prior to advancement in training determination of competency. Rather than only focusing on medical knowledge and patient care, the six core competencies allow medical care to be rendered in a broader context, which creates an environment for continuous education and improvement. The bygone days of "See one, do one, teach one" sadly do not apply in today's advancing world of medicine. Standardization, structure, and documentation of competency are required to provide an appropriate level of care around the world.

Any change to a well established system of medical education is bound to be met with some element of resistance. The goal of this survey was to explore attitudes and perceptions of faculty and junior doctors in response to the change from a semi-structured system to a structured system, in hopes of easing the transition and making it a successful one<sup>(4)</sup>.

## METHOD

A 13 question 5-point Likert scale questionnaire was administered to all faculty (senior consultants, consultants, associate consultants) and junior doctors (registrars, trainees, medical officers, and house officers). The survey was anonymous and voluntary. The questions assessed opinions on the need for a change in the current system, knowledge of the proposed structured system, and the potential consequences of changing to a structured system. The survey also asked for any comments or concerns regarding the transition process.

The individual responses to the questions were summed and divided into percentage positive (favorable response to the structured program), neutral, and negative (unfavorable response to the structured program) responses. The questions were further analyzed by a Chi Square test of independence with a 95% confidence interval.

## RESULTS

The overall response rate of the survey was 74% (faculty 19/40 = 48%, junior doctors 45/47 = 96%). The results are presented in Table 1. The faculty group overall averaged 33% positive responses, 30% neutral responses, and 36% negative responses. The results from the junior doctors overall averaged 21% positive responses, 47% neutral responses, and 32% negative responses. Chi square analysis between the two groups revealed no significant difference between the faculty and junior doctors overall ( $p = .205$ ), but three individual questions yielded significant differences in the area of familiarity with the core competencies ( $p < 0.003$ ), the perception of increased time spent on teaching and educational activities ( $p < 0.027$ ), and perception of more time spent on paperwork and documentation ( $p < 0.003$ ).

**Table 1: Survey Questions & Results Summary.**

	<u>Positive (%)</u>	<u>Neutral (%)</u>	<u>Negative (%)</u>
Transitioning to a structured residency program will be beneficial to the trainees			
Faculty	47%	32%	21%
Junior Doctors	29%	49%	22%
There is a need to change our current method of teaching for trainees			
Faculty	53%	26%	21%
Junior Doctors	42%	36%	22%
The current teaching methods at KK are superior to those in the United States			
Faculty	21%	53%	26%
Junior Doctors	31%	56%	13%
The trainees are excellent obstetricians and gynaecologists when they complete their training at KK in the current system			
Faculty	26%	26%	47%
Junior Doctors	7%	58%	36%
The traineeship system will be improved with a structured system			
Faculty	63%	32%	5%
Junior Doctors	69%	20%	11%
I am familiar with ACGME's core competencies			
Faculty	42%	16%	42%
Junior Doctors	9%	20%	71%
I regularly use most of the ACGME core competencies in my daily teaching/learning			
Faculty	26%	21%	53%
Junior Doctors	9%	33%	58%
The ACGME core competencies will improve trainee education			
Faculty	58%	42%	0%
Junior Doctors	20%	73%	7%
My clinical workload will decrease under the structured system			
Faculty	26%	32%	42%
Junior Doctors	18%	47%	35%
My teaching workload will increase under the structured system			
Faculty	11%	21%	62%
Junior Doctors	5%	44%	51%
I anticipate I will spend more time with paperwork and documentation in the structured system			
Faculty	5%	21%	74%
Junior Doctors	7%	44%	49%
Patient care will improve with the implementation of the structured system			
Faculty	42%	32%	26%
Junior Doctors	20%	62%	18%
I anticipate I will work harder with no extra compensation in the structured system			
Senior Faculty	11%	42%	47%
Junior Doctors	7%	64%	29%
Total Average:			
Senior Faculty	33%	30%	36%
Junior Doctors	21%	47%	32%

## DISCUSSION

Surprisingly, the overall opinion of the transition to a structured program was quite neutral among both groups. We had anticipated resistance to change and negativity associated with transitioning from the established system. The faculty demonstrated more familiarity with the core competencies, which is encouraging for future educational efforts. The faculty were also more aware of potential consequences of changing the current system, including the need for more time spent on education, documentation, and paperwork. Common themes which emerged from the faculty from the open ended statements at the end of the survey included a concern about a potential loss of clinical workload and monetary compensation replaced by teaching activities, and concern about extra documentation and paperwork required by the core competency system. Another major theme that emerged was the need for more manpower to manage the existing workload and potential increased workload required by a more intensive teaching

program with protected time for education.

## CONCLUSION

The overall opinion of changing to a structured obstetrics and gynaecology residency program was quite neutral among the faculty and junior doctors. The faculty appeared to have more knowledge of the proposed structured system, but also had more negative perceptions associated with the change. Potential areas of faculty concern focused on decreased clinical workload, increased time spent in education, and increased time spent on documentation and paperwork. Concern was also expressed regarding the need for increased manpower to appropriately balance service and education requirements.

It is important to educate the junior doctors on the new system and to engage faculty on their concerns of potential changes in workloads to facilitate a successful transition.

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