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Evaluation of SGIM's year-long mentoring program

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CONCLUSIONS: Despite homeless clinic (HC) patients' substantial comorbidities, poor social support, and longstanding opioid dependence, buprenorphine treatment outcomes were successful in a majority at one year and appeared comparable to other urban primary care (PC) patients, although HC patients required more clinical time by the nurse care manager.

DEVELOPING METHODOLOGY TO MONITOR THE ACGME DUTY HOUR REQUIREMENTS: A GRADUATE MEDICAL EDUCATION TOOL. A. Hunter[1]; R.A. Harrison[1]; S. Desai[1]; J. Dickey[1]; D. Choi[1]; D. Girard[1]. [1]Oregon Health & Science University, Portland, OR. *(Tracking ID #135759)*

BACKGROUND: Residency training institutions are required to monitor compliance with the ACGME duty hour regulations, as well as the impact of residency training on well-being. The purposes of this study are to understand the impact of these duty hour regulations on residents' perceptions of training and well-being, and to develop a survey for ongoing institutional monitoring.
METHODS: From analysis of focus groups involving residents from the major training programs (Family Medicine, Obstetrics-Gynecology, Surgery, Internal Medicine, Pediatrics) a 33 question, institution-wide survey instrument was developed to evaluate resident perceptions of the impact of duty hour implementation on training. The focus groups identified five domains from which questions were developed; clinical practice, well-being, education, scholarship and system's issues. Questions assessing compliance with the new duty hour restrictions were asked. Questions were piloted by a representative group of residents. Participants were asked to compare the current experience with that preceding the new duty hour restriction. In May 2004, the web-based survey was distributed to all upper level residents in the major training programs at our institution. Interns were excluded because of no experience prior to the new duty regulations. Follow-up distributions occurred over a two-month period. Data were analyzed by the descriptive analysis and compared between the major training programs. The study was anonymous and voluntary and was approved by the Institutional Review Board.
RESULTS: Ninety-three of 223 (42%) residents from the target training programs responded to the survey with the highest in second year residents (58%). Residents reported the following compliance with the ACGME duty hour restrictions; 80-hour work week (87.1%), one day off in 7 day's worked (94.6%), 30 hour on call shift (88%), and 0-hour duty free period (92.5%). The majority of respondents reported no significant impact on clinical practice and quality of patient care, an increase in the perception of workload, more patient hand-offs, and that the stress level at work is the same or increased. The majority of respondents reported improved well being, sleeping 5-8 hrs of a night, feeling more rested, having more time for family and other relationships, and overall improved personal well-being, The majority of respondents reported decreased time for teaching students but variability in responses for teaching junior residents, and attending teaching.
CONCLUSIONS: Despite a low response rate, preliminary data from our two institutions, suggest that implementation of the ACGME duty hour restrictions can result in an improved sense of personal well-being without a negative impact on patient care or professionalism. The perceived impact on education is variable. Additionally, we have developed a tracking tool to allow for ongoing institutional monitoring of the impact of resident work on well-being at our institution. Future study is warranted to validate this survey instrument and assess the applicability of these data to a broader population.

EVALUATION OF SGIM'S YEAR-LONG MENTORING PROGRAM. M.H. Chin[1]; C.M. Mangione[2]; R.S. Phillips[3]; E.J. Thomas[4]; J. Tsevat[5]; D.S. Bell[2]; M. Zelder[1]. [1]University of Chicago, Chicago, IL; [2]University of California, Los Angeles, Los Angeles, CA; [3]Harvard University, Boston, MA; [4]University of Texas Health Science Center at Houston, Houston, TX; [5]University of Cincinnati, Cincinnati, OH. *(Tracking ID #133014)*

BACKGROUND: Our aim is to evaluate SGIM's Year-Long Mentoring Program, an initiative designed to provide mentoring to faculty at institutions with few local mentors.
METHODS: In 2003, we matched 30 mentor-mentee pairs. Most met at the annual 2003 SGIM meeting and were given instructions to continue interacting over the ensuing year. In December 2004, we emailed a brief survey to each participant pair. With data collection ongoing, the current mentor response rate is 57% and the mentee response rate is 66%.
RESULTS: 84% of mentees were instructors or assistant professors, 63% were women, half were clinician-educators and half clinician-investigators. All mentors were associate or full professors. 69% were men. The overall program evaluation was positive, but about half of the participants raised concerns regarding the infrequency and limited quality of contact. 74% of mentees strongly agreed or agreed that the program was useful. 68% of mentees reported receiving advice not available at their own institution. 81% of mentees would sign up for the program again. However, half of the pairs contacted each other only every 2 months or less frequently. Mentors reported spending a mean (SD) of 1.5 (1.7) hrs/month with their SGIM mentees. 63% of mentees agreed that they would continue communicating with their mentors beyond the initial year. Mentees were more likely to agree that their goals in the program were general rather than specific, although individual mentees reported a broad range of actual activities and career/personal advising. About 20% of mentor-mentee pairs planned to write a paper together. Responses to open-ended questions showed variability in participants' goals and expectations. Many thought that the program would benefit from more structure, especially regarding reminders about contact. Major positives included working with an experienced mentor, receiving unbiased advice, networking, helping mentees, and having to commit only a limited amount of time. Negative aspects included distance, difficulty connecting, uncertain goals, lack of structure, little incentive to follow-up, and limited ability to give material help.
CONCLUSIONS: The SGIM Year-Long Mentoring Program shows potential, but could benefit from regular reminders for contact and suggestions of possible activities. The program needs to be flexible to accommodate diverse participants, but even many experienced mentors might benefit from a menu of structured suggestions on the mentoring process.

PERCEIVED LEADERSHIP INTEGRITY AND PHYSICIAN STRESS, BURNOUT, AND INTENTION TO LEAVE PRACTICE. R.M. Poses[1]; L. Manwell[2]; M. Mundt[2]; M. Linzer[3]. [1]Brown University, Pawtucket, RI; [2]University of Wisconsin-Madison, Madison, WI; [3]University of Wisconsin - Madison, Madison, WI. *(Tracking ID #135076)*

BACKGROUND: There are numerous anecdotes of questionable integrity of the leadership of health care organizations. We assessed physicians' perceptions of the leadership of their practice organizations, and the relationship of perceived leadership integrity to physicians' demographic characteristics, organizational characteristics, and physician stress, burnout, and intention to leave practice.
METHODS: MEMO (Minimizing Error, Maximizing Outcome) is a longitudinal cohort study of 420 primary care physicians, their office working conditions, and their patients. Physicians were surveyed two times, about one year apart. The first survey had assessed aspects of organizational climate based upon the work of Kralewski. In the second survey we asked 5 questions, each on a 5-point Likert Scale, about perceived attitudes of the leaders of the physician's practice organization to: physician's core values (with possible responses ranging from -2, oppose core values; through 0, neutral; to 2, actively support); controlling costs vs. quality (-2, costs come first regardless of quality to 2, quality comes first); physicians raising quality issues (-2, punish physician and/or hide problem to 2, praise physician and address the problem); balancing patient care and the leader's self-interest (-2, put self-interest ahead of good care to 2, put patient care ahead of self-interest); and honesty (-2, dishonest to 2, incredibly honest). We summed responses to the five questions to create the Perceived Leadership Integrity Index (PLII) with possible values ranging from -10 to 10. In this survey we also assessed work stress with a 4-item scale, and burnout and intention to leave practice on 5-point scales.
RESULTS: The first survey had 420 family medicine and general internal medicine respondents (61% of those surveyed, 84% of the target sample of 500) in four metropolitan areas from three states, plus an additional state-wide sample with rural physicians. We obtained responses from 287 of the 420 (68.3%) to the second survey. Mean PLII was 1.97 (SD = 4.06). The PLII had a Cronbach's alpha = 0.87. The PLII correlated positively with male physician gender ($p < 0.02$), physician ownership of the practice ($p = 0.005$), and physician income ($p = 0.005$), but not race or ethnicity. Organizational quality emphasis, cohesiveness, alignment with leadership values, trust, and communication and use of information technology, as assessed by the first survey, all predicted PLII ($p < 0.001$). In multiple linear regression analyses controlling for demographics, organizational climate, and office atmosphere, lower PLII predicted ($p = 0.0001$) physician stress. Similarly, lower PLII predicted burnout ($p = 0.0001$), and intention to leave ($p = 0.026$).
CONCLUSIONS: Our new PLII had good psychometric properties, and convergent validity as demonstrated by its associations with other measures of organizational climate. Negative perceptions about perceived integrity of clinical leaders correlated with physician stress, burnout, and intention to leave their practices. Although correlation does not prove causation, our data suggest that integrity of health care leaders is another working condition that can have a substantial impact upon important outcomes for physicians and, potentially, their patients.

PROGRESS REPORT: PART-TIME PHYSICIANS - PREVALENT, CONNECTED, AND SATISFIED. H.F. Mechaber[1]; R.B. Levine[2]; M. Mundt[3]; M. Linzer[3]. [1]University of Miami, Coral Gables, FL; [2]Johns Hopkins Bayview Medical Center, Baltimore, MD; [3]University of Wisconsin-Madison, Madison, WI. *(Tracking ID #133052)*

BACKGROUND: More physicians are choosing to work part-time. The impact of part-time arrangements on physician and patient outcomes is unclear. Workplace conditions may play an important role. The purpose of this study was to determine the relationship between workplace conditions, part-time status and physician outcomes.
METHODS: The MEMO (Minimizing Error, Maximizing Outcome) project surveyed 688 physicians in the midwest and NYC. Physicians were queried about their general well-being and health, depressive symptoms and burnout, job satisfaction, and their intent to leave their practice, as well as past errors, and the likelihood of future errors using the OSPRE (Occupational and PReventable Error) measure. The survey also assessed participants' perceptions of their workplace environment using Organizational Climate (OC) scales focusing on cohesiveness, organizational trust, and alignment with leadership principles. Respondents rated their sense of control over work environment, and self-reported their part-time status. T-tests were used to compare responses between part-time and full-time physicians. Regression analysis determined which workplace factors were associated with job satisfaction.
RESULTS: The response rate was 61% (n = 425). Seventy-seven respondents (18%; 31% of women and 8% of men, $p < .0001$) defined their work as part-time. There were no significant differences in age, years in practice, marital status, and ethinicity between part-time and full-time physicians. Part-timers worked an average of 34.7 (SD 9.9) hours per week. Full-time physicians worked significantly more hours, 51.9 (SD 10.5, $p < .0001$). There was no significant dif-