BRIEF REPORT: Health Care Provided by Program Directors to Their Resident Physicians and Families

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BACKGROUND: Who provides health care to resident physicians is not well studied.

OBJECTIVE: To determine whether residency program directors (PDs) provide health care to their own residents and residents' families.

DESIGN: An anonymous survey mailed to 1,345 PDs in Emergency Medicine, Family Medicine, Internal Medicine, Medicine-Pediatrics, and Obstetrics-Gynecology in the United States in 2003.

RESULTS: Six hundred nineteen PDs (46%) responded. Half had taken care of their own residents for acute conditions. Less commonly, directors had written prescriptions for acute (40%) or chronic needs (15%) or provided ongoing care (22%). Only 3% believed this conflicted with their ability to be effective directors. Responders more likely to provide future care to residents considered this kind of care generally appropriate ($P < .001$), or appropriate under certain circumstances ($P < .001$). Most of these spent $\geq 31\%$ of their time seeing patients. There was no difference among types of programs, gender of the director, or the years as director. Twenty-five percent of directors provided care to their residents' families.

CONCLUSIONS: Substantial numbers of directors provided health care to their own residents. Few believed this conflicted with their director role. We believe organizations of PDs should develop positions about this practice.

KEY WORDS: residents; health care; ethics.

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Little is known about the general health status of resident physicians. Even less is known about the kinds of providers, settings, and types of care most resident physicians access for themselves and their families.

Residents have listed hours, privacy and confidentiality, inadequate insurance, and lack of support by programs as barriers to their own health care.¹ The American Medical Association Code of Ethics states that physicians generally should not treat themselves, self-prescribe, or prescribe for immediate family.² As well, the physician of another physician should be one "whose objectivity is not compromised."² Resident physicians are not specifically discussed, though probably implied, in the Code. One survey reported that approximately 20% of its 134 internal medicine and pediatric house staff suffered from chronic conditions not including psychiatric disorders that might require ongoing physician care.³ Another recent study of 4 university-based internal medicine programs revealed that 37% of residents did not have

a primary care physician and 12% considered themselves their own primary care physician.¹ We also know that residents self-prescribe medications.⁴ To our knowledge, there is no article that describes PD attitudes and involvement in their trainees' health care.

METHODS

Participants

We conducted an anonymous cross-sectional mail survey of all 1,345 Program Directors (PDs) in Emergency Medicine, Family Medicine, Internal Medicine, Medicine-Pediatrics, and Obstetrics-Gynecology in the United States, identified through the 2002 American Medical Association Graduate Medical Education Database. The study was approved by the Institutional Review Board of Christiana Care Health System. A second questionnaire was mailed to all nonresponders and all responses received before June 1, 2003 were included in the analysis.

Study Instrument

The survey requested information about how frequently respondents had provided aspects of acute and chronic medical care to residents and their families in the past, followed by estimates of the number of such people on a 4-point scale (1 to 5, 6 to 10, 11 to 20, >20). A second set of questions, also based on a 4-point scale (very likely, likely, unlikely, very unlikely), asked how willing respondents would be to provide the different aspects of acute and chronic health care to their residents and resident families. Demographic questions about the respondents were also included. The survey was pretested among 25 teaching faculty members at Christiana Care Health System.

Statistical Analysis

Data were entered manually by 2 individuals with a cross-check of 30% of the sample; there were no errors detected. The effects of the demographic data on the number of health care activities indicated as being performed by respondent physicians in the previous year, and the number of health care activities which respondents indicated they would be likely, or very likely, to perform were analyzed via analysis of variance (ANOVA). All significant variables ($P < .05$) were entered into a multiple logistic regression model for the frequency of health care services performed, and a separate logistic regression

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Table 1. Number of Residents Provided Care by Their Residency Program Directors

Variable	0	Other than 0	1-5	6 or more
Caring for residents				
Residents ask program director to provide care to them	293 (47%)	328 (53%)	240 (39%)	88 (14%)
Provided care of resident for an acute condition	308 (49%)	311 (51%)	241 (39%)	70 (12%)
Provided ongoing care to resident	483 (78%)	137 (22%)	115 (18%)	22 (4%)
Prescriptions for residents				
Residents asked for prescriptions from their program director	380 (60%)	242 (40%)	189 (30%)	53 (10%)
Program director had written script to resident for an acute need such as streptococcal pharyngitis	370 (59%)	252 (41%)	190 (31%)	62 (10%)
Program director had written script to a resident on an ongoing basis such as allergy medication	532 (86%)	82 (14%)	72 (11%)	10 (3%)
Caring for residents' families				
Residents ask program director to care for family	282 (45%)	339 (55%)	241 (39%)	98 (16%)
Provided care to spouse	468 (75%)	153 (25%)	116 (19%)	37 (6%)
Provided care to extended family	476 (77%)	146 (23%)	105 (17%)	41 (6%)
Residents ask program director for a prescription for family member	477 (77%)	145 (23%)	112 (18%)	33 (5%)

model for the willingness to perform health care services for residents and their families.

RESULTS

Overall, 619 of 1,345 PDs (46%) responded. Program directors responding in each specialty were: Emergency Medicine: 81 of 124 (65%); Family Medicine: 230 of 480 (48%); Internal Medicine: 135 of 392 (34%); Medicine and Pediatrics: 57 of 106 (54%); and Obstetrics and Gynecology: 116 of 252 (46%).

Demographics of PDs

Most responders were male (75%) in their mid- to late forties. The average time the PD had been in the position was 7 years. The average number of residents in the responders' programs was 31. Most respondents represented community programs (58%). Two-thirds of the PDs reported having a clinical practice where they saw patients, with 50% of responders having clinical practice 11% to 30% of their total hours worked, and 29% of responders having clinical practice 31% to 50% of total hours worked per week.

Program Directors Providing Acute Care to Their Own Residents

Overall, half of the PDs (311 PDs) had treated their own residents for acute conditions (Table 1). Forty-one percent had actually written prescriptions for their residents for acute

needs. Almost two-thirds of PDs (333) were likely or very likely to provide acute care to residents in the future and about half said they would write prescriptions to residents for an acute need in the future (Table 2).

Program Directors Providing Chronic Care to Own Residents

Overall, 22% of PDs (137) had provided ongoing care to their residents. Only 14% of PDs had written prescriptions on an ongoing basis to residents.

Approximately 25% of PDs were either likely or very likely to provide future ongoing care to their residents while 18% said they were either likely or very likely to provide future ongoing prescriptions for chronic needs.

Providing Care to Own Residents

Half of the PDs reported that they had been asked at some point by their residents to take care of them. Twenty-two percent of PDs felt it is generally appropriate to provide medical care to their residents. These directors were more likely to have provided care in the past ($P < .001$) and more likely to provide care in the future ($P < .001$) to their house staff. Those that believed there are certain circumstances wherein it is appropriate to care for their residents (60%) were more likely to provide care in the future ($P < .001$). Three percent (21 PDs) believed that the care they provided conflicted with their ability to be an effective PD for that resident. Attitudes of directors did not

Table 2. Likelihood of Program Directors (PDs) Providing Future Care to Their Residents

	Very Unlikely	Unlikely	Very Unlikely or Unlikely	Very Likely	Likely	Very Likely or Likely
Caring for residents						
Provide care to resident for an acute condition	126 (20%)	109 (17%)	235 (37%)	211 (34%)	122 (28%)	333 (62%)
Provide ongoing care to resident	318 (51%)	154 (25%)	472 (76%)	80 (13%)	67 (11%)	147 (24%)
Prescriptions for residents						
Write a prescription for an acute need	148 (24%)	153 (25%)	301 (49%)	118 (19%)	199 (32%)	317 (51%)
Write a prescription on an ongoing basis	326 (52%)	183 (29%)	509 (81%)	42 (7%)	66 (11%)	108 (18%)
Caring for residents' families						
Provide care to spouse	244 (39%)	130 (21%)	374 (60%)	109 (17%)	137 (22%)	246 (39%)
Provide care to extended family	211 (34%)	115 (18%)	326 (52%)	120 (19%)	173 (28%)	293 (47%)

differ based on the specialty or setting of the residency program. However, those directors who reported clinical time seeing patients $\geq 31\%$ were more likely to provide care to their residents in the future ($P=.015$).

Family Care

Just over half (55%) of PDs stated that they had been asked by their residents to take care of their family members though only 23% had actually provided care. The same percentage (23%) had been asked to provide prescriptions on behalf of residents' family members (Table 1). Almost half (47%) believed they would be likely to provide care in the future.

DISCUSSION

Our survey reveals that residents do ask their directors to provide them with health care. It also seems clear that directors have provided care and are apt to provide future care to their residents and residents' families, though only 20% of directors in this study reported routinely questioning their residents about their general health status. Many responders believe that this relationship is generally appropriate or appropriate under certain circumstances. Only a few responders believed providing healthcare to residents and their families had caused conflict with their principal role with training house staff.

In spite of this, we believe that the fact that a significant number of PDs provide some form of medical care to the residents under their supervision raises concerns. Issues of privacy, confidentiality, and objectivity must be addressed and maintained by a treating physician. When that physician is a direct supervisor, such as a PD, full disclosure of historical elements, answers to key social questions, and challenges to diagnostic and therapeutic choices may be compromised.

The Accreditation Council of Graduate Medical Education (ACGME) only requires that systems be in place for directors to "monitor resident stress, including mental or emotional conditions inhibiting performance or learning and drug and/or alcohol related dysfunction."⁵ There is no specific mention of how to implement, monitor or provide access for other medical concerns of trainees. In addition, to the best of our knowledge, there are no guiding principles that recommend for or against PDs providing care for their residents.

This study had several limitations. We used PDs' recollections of the number of residents and their families for whom

the PDs had been asked to provide care. We left open-ended the definition of the type of care provided. Recall bias may have resulted in instances of overreporting or underreporting. Those with more conflict with this type of relationship may not have participated in the study as frequently. However, even if we were to assume that those who did not respond to our questionnaire had not provided any care to their residents, there would still be approximately 19% of directors who had provided acute care and 8% that had provided ongoing care. Further, we did not ascertain the percentage of PDs who were true primary care physicians for their residents. We provided just 1 acute and 1 chronic care example in our survey and provided no examples of health maintenance. The survey questions were the same for PDs of all specialties, yet the care provided was probably different amongst different specialties. We did not inquire as to the most common medical questions posed to the directors and what the reasons were for directors' providing care.

Future studies should examine whether objectivity can be maintained or whether there are relationship changes that occur when PDs care for residents or for residents' family members. Finally, we believe that organizations of PDs should develop positions on whether their members should be participating in the medical care of the residents under their supervision.

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