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Graduating Pediatric Residents entering the Hospital Medicine Workforce, 2006-2015

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Abstract

Objective—In October 2016, the American Board of Medical Specialties approved the petition for pediatric hospital medicine (PHM) to become the newest pediatric subspecialty. Knowledge about residents entering the PHM workforce is needed to inform certification and fellowship accreditation. This study describes the characteristics of graduating pediatric residents with PHM positions and identifies factors associated with post-residency position choices.

Methods—We analyzed data from the American Academy of Pediatrics Annual Survey of Graduating Residents, 2006-2015. Chi-square tests were used to compare responses between residents entering PHM to those entering subspecialty fellowships, and to compare residents entering PHM at community and tertiary hospitals. We used multivariable logistic regression to identify associations between resident and training characteristics and position choices.

Results—5969 respondents completed the survey (60.6% response rate); 593 (10.3%) reported that they were entering PHM and 1954 (33.9%) reported subspecialty fellowships. Of residents entering PHM, 345 (60.7%) reported positions at tertiary care hospitals and 194 (34.2%) reported positions at community hospitals. 70% of residents entering PHM envisioned long-term PHM careers, with PHM career goals more frequently reported among residents entering community hospitalist positions ($p<0.01$). In multivariable analysis, residents entering PHM were significantly more likely to be female, to have children, to report that family factors limited their job selection, and to have higher levels of educational debt than residents entering fellowships.

Conclusions—Factors associated with post-residency PHM positions, including substantial educational debt and sociodemographic characteristics, may influence development of the field as the specialty pursues fellowship accreditation.

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Keywords

pediatric hospital medicine; fellowship; workforce; accreditation

Introduction

Pediatric hospital medicine (PHM), defined as the field of pediatrics dedicated to the comprehensive general medical care of hospitalized children, is widely recognized as the fastest growing field within pediatrics.^{1–3} Conservative estimates suggest that there are currently at least 3,000 pediatric hospitalists practicing in the United States (US), working across tertiary care and community hospitals and fulfilling diverse professional roles.^{4–6} In October 2016, 20 years after the term “hospitalist” was coined,^{7,8} the American Board of Medical Specialties approved the petition for PHM to become the newest American Board of Pediatrics (ABP) subspecialty.⁹

The PHM community recognizes numerous potential benefits of subspecialty status, including opportunities to improve the quality of care for hospitalized children by creating a workforce dedicated to quality improvement, child health safety, and best practices in clinical care.⁴ However, because PHM has not previously been a recognized subspecialty, we know relatively little about the PHM workforce nationally, including the proportion of hospitalists working in tertiary care centers compared with community hospitals, or about the factors that influence residents’ decisions to enter the PHM workforce. Such information is vital to approach next steps in planning for ABP certification and to establish the structure of PHM American Council on Graduate Medical Education (ACGME)-accredited fellowship programs.

To inform this work, this study describes the characteristics of graduating pediatric residents with PHM positions during the 10-year period preceding the approval of PHM’s petition to become an official subspecialty. We examined demographic and job related factors associated with decisions to enter PHM following pediatric residency, comparing (i) residents entering PHM to those entering subspecialty fellowships, (ii) residents entering PHM at community and tertiary care hospitals, and (iii) residents planning for short- and long-term PHM positions.

Methods

Overview

We analyzed data from 10 years of the American Academy of Pediatrics (AAP) Annual Survey of Graduating Residents, 2006-2015. This survey is fielded each year to a random sample of 1,000 graduating pediatric residents during the months of May-September in their last year of training, selected from an AAP database that includes all US residents (mean number of third year graduating residents across the 10 years=2,755/year). Residents from dual degree programs, such as combined internal medicine and pediatrics programs were not included. Residents were contacted up to 4 times by mail, and up to 4 times by email, for up to a total of 8 contacts. This protocol was approved by the AAP Institutional Review Board.

Survey

The surveys included the same questions each year related to: (i) resident characteristics; (ii) future clinical practice goal; (iii) job accepted after residency, including work site; and (iv) importance of factors in selecting a future position after training.

Resident characteristics included demographics, residency program size, and educational debt. Respondents were asked if they had any educational debt and, if yes, to provide the total debt amount, including college, medical school, as well as spouse's educational debt. Adjustments for inflation were performed using the yearly Consumer Price Index to convert debt level values to 2015 dollars.¹⁰ They were also asked whether their spouse's/partner's career plans or family situation limited their selection of post-residency positions. Data on gender and age were available in the AAP database, from which the samples were drawn.

Residents were asked about their career intentions in two ways: (i) "What will you be doing after you complete this 3rd year of residency?" (response options included: hospitalist, general pediatric practice, chief residency, fellowship, other, no job), and (ii) "Please describe your future clinical practice goal" (response options: hospitalist, primary care practice, both primary and subspecialty practice, subspecialty practice, not entering clinical practice). Hospitalist was self-defined by the residents. In this analysis, residents who reported that they were beginning a hospitalist position post-residency but did not consider hospital medicine to be their future clinical practice goal are described as "short-term hospitalists." Residents who reported that they had accepted a hospitalist position post-residency with PHM as their future clinical practice goal are described as "long-term hospitalists."

Residents were asked to describe the site of their new position, with hospital-related response options including academic (medical school or teaching hospital) and community hospital. In this manuscript, recognizing that hospitalists working in diverse settings may assume teaching responsibilities, we have renamed "academic" as "tertiary care hospital."¹¹ They were asked about whether their post-residency position was part-time or full-time, and to report starting gross annual income, which was adjusted for inflation using the yearly Consumer Price Index to convert reported income to 2015 dollars.¹⁰ Residents rated how important several factors were in selecting a future position after training on a four-point Likert scale (essential, very important, somewhat important, unimportant).

Analysis

Responses from all 10 survey years were combined. Chi-square tests were used to compare responses between: (i) residents entering hospitalist positions and pediatric subspecialty fellowships, (ii) residents entering hospitalist positions at community and tertiary care hospitals, and (iii) residents entering short-term and long-term hospitalist positions. To describe the importance of factors in selecting their future position, response options were dichotomized as very important (essential or very important) and less important (somewhat important or unimportant).

We used multivariable logistic regression to explore the relationships between resident and training characteristics and post-residency positions, developing three models to examine: (i)

factors associated with decisions to enter PHM positions relative to pediatric subspecialty fellowships, (ii) factors associated with decisions to enter PHM positions at community hospitals compared to tertiary care hospitals, and (iii) factors associated with decisions to enter PHM for short-term versus long-term hospitalist positions. The following resident characteristics were included in all 3 models: survey year (2006-2015), gender (male, female), age (≤ 31 , > 31 years, dichotomized by mean age), race (white-non-Hispanic, Asian/Pacific islander, minority [which included Hispanic, black and Native American], or other), marital status (not married, married), have children (yes, no), medical school (US, international), educational debt level (\$0-57,500, \$57,501-200,000, $>$ \$200,000, based on tertiles), and program size (< 20 , ≥ 20 residents per class, dichotomized by mean class size). Variables regarding family situation limiting selection of post-residency positions (yes, no) and factors important in future jobs (very important, less important) were included if the bivariate relationship was significant ($p \leq .05$).

To evaluate whether the proportion of residents entering hospitalist positions changed over the 10-year study period, we calculated chi-square linear by linear associations. The number of cases in each statistical analysis varied slightly because of missing values for specific questions. To assess for potential response bias, we used chi-square and t-tests to compare the gender and age of respondents to non-respondents.

Results

Respondents

Adjusted response rates (response rates with ineligible participants removed from the denominator) varied from a high of 64.0% in 2012 to a low of 55.7% in 2015; the combined response rate was 60.6% (5,969/9,853). For all survey years combined, significant differences were found between respondents and the target sample of residents for gender (percentage female: 74.7% vs 72.5%, $p < 0.001$) but not age (mean years: 31.3 vs 31.4, $p = .89$).

Among the 5,760 residents who answered the question about what they will be doing when they complete their third year of residency, 593 (10.3%) reported that they would be working as a pediatric hospitalist and 1,954 (33.9%) reported that they would be starting subspecialty fellowships. Of those entering fellowships, 15 (0.8%) reported that they would be entering PHM fellowship. Not included in this analysis are respondents who reported that they would be entering general pediatric practice (1,958, 34.0%), chief residency ($n = 690$, 12.0%), other roles such as non-pediatric residency or fellowship ($n = 358$, 6.2%), and those who reported having no job at the time of the survey ($n = 206$, 3.6%).

Factors associated with decision to enter pediatric hospital medicine

Demographic characteristics and factors influencing position choice are shown in Table 1. Residents entering PHM differed from those entering subspecialty fellowships in several ways: they were more frequently female, of younger age, and reported significantly higher levels of educational debt. They were also significantly more likely to be graduates of US medical schools, to report that their family situation limited their job selection, and to report

that geographic location and control over work hours were important factors in their choice of position. In contrast, job security, teaching and research opportunities were reported as less important than among those entering subspecialty fellowships.

In our models, which controlled for all resident characteristics in Table 1 as well as position-related factors for which the bivariate relationships were significant, many of these differences remained (Table 2). Compared with residents entering subspecialty fellowships, residents' report that their family situation had limited their job selection was the factor most strongly associated with decisions to enter PHM (aOR 1.83, 95% CI 1.45-2.31). The importance of geographic location also emerged as positively associated with PHM position choice (aOR 1.73, 95% CI 1.25-2.39). Level of educational debt was positively associated with decisions to enter PHM compared to subspecialty fellowship: residents with education debt levels in the second tertile (>\$57,500-200,000) had 59% greater odds of entering PHM, while those with educational debt levels in the third tertile (>\$200,000) had 36% greater odds of entering PHM. In contrast, research opportunities and job security were negatively associated with decisions to enter PHM relative to fellowship.

Hospital medicine work location

Among residents entering PHM positions, 345 (60.7%) reported that they had accepted a position at a tertiary care hospital (medical school or teaching hospital) while 194 (34.2%) reported that they would be working at a community hospital. Residents entering PHM positions at community hospitals differed from those beginning positions at tertiary care hospitals in several ways (Table 3): they were from smaller residency programs, had higher levels of educational debt, were more likely to work part-time, and reported higher levels of annual income. They were also significantly more likely to report control over working hours and acceptable income as very important factors in their choice of position. In contrast, they reported that research and teaching opportunities were less important factors.

In our model, which controlled for all resident characteristics in Table 3 as well as position-related factors for which the bivariate relationships were significant, several of these differences between the groups remained (Table 4). The importance of acceptable income was the factor most strongly associated with entering PHM at community hospitals relative to tertiary care hospitals (aOR 1.94, 95% CI 1.16-3.22). Adjusting for other resident characteristics and position-related factors, the importance of teaching and research opportunities were negatively associated with residents' decisions to enter PHM at community hospitals compared to tertiary care centers.

Future clinical practice goals

Among residents entering PHM positions, 71.4% (n=410) reported that PHM was their career goal, 21.1% (n=121) reported a plan to pursue another subspecialty practice and 7.5% (n=43) reported a plan to enter general practice. In contrast, 96.5% (n=1,837) of residents entering subspecialty fellowships reported a long-term goal of subspecialty care practice. Among respondents who were entering PHM at community hospitals, a significantly greater proportion (77.9%, n=148) reported that hospital medicine was their career goal compared to residents entering PHM at tertiary care hospitals (66.7%, n=224, $p<.01$).

We examined characteristics of residents who reported PHM as their career goal relative to those who reported short-term PHM positions and found relatively few differences between the groups (Supplementary Table 1). We observed three differences: (i) residents entering long-term hospitalist positions were less likely to come from large residency programs (51.7% [n=210] relative to 62.2% [n=102] of short-term hospitalists, $p<0.05$); (ii) residents entering long-term hospitalist positions were more likely to report salaries \$130,000 or more (63.9% [n=246] relative to 40.3% [n=62] of short-term hospitalists, $p<0.001$); and (iii) residents entering long-term hospitalist positions were less likely to report research opportunities as very important to their position choice (16.4% [n=67], 32.5% [n=54] of short-term hospitalists, $p<0.001$). In our multivariable analyses, only residency program class size and research opportunities remained statistically significant; larger residency program size (aOR=0.55, 95% CI 0.36-0.85) and research opportunities (aOR=0.40, 95% CI 0.26-0.63) were both negatively associated with decisions to pursue PHM long-term compared with residents reporting short-term PHM positions (Supplementary Table 2).

Changes over time

We observed no significant change over the 10-year survey period with respect to the proportion of residents entering PHM positions ($p=0.56$). Similarly, there was no significant change over time regarding the proportion of residents accepting positions at community or tertiary care hospitals ($p=0.61$ and $p=0.24$, respectively).

Discussion

During this ten-year period preceding PHM's recognition as an ABP subspecialty, approximately 10% of graduating pediatric residents entered PHM. Of these, 61% reported positions at tertiary care centers while 34% reported positions at community hospitals, proportions that did not change significantly over the 10-year study period. We observed several differences between residents entering PHM relative to those entering subspecialty fellowships, and between those beginning positions at community and tertiary care hospitals. These findings warrant consideration as the field moves towards ABP certification and ACGME fellowship accreditation.

Our finding that 71% of residents entering PHM positions reported hospital medicine as their career goal helps to characterize the development of the field over the last decade. Estimating 2,755 graduating pediatric residents annually in the US, results of this survey suggest that approximately 275 pediatric residents begin PHM jobs each year and that approximately 195 of these plan to practice PHM long-term. Results of a previously published ABP survey reported that 8% of residents planned to work as hospitalists following residency, with 43% of these envisioning long-term hospitalist careers.¹² These differences may reflect different sampling strategies and survey timing; our survey was administered during or following residents' last month of training, while the ABP survey was conducted earlier during the academic year.

Taken together these two studies may be used to anticipate PHM fellowship training needs. While the PHM community recognizes that not all pediatricians who provide inpatient care will pursue PHM certification, fellowship training will be a prerequisite for those who

choose this path.⁴ There are currently approximately 30 PHM fellowships in the US with a capacity to train about 40 PHM fellows yearly.^{4,13} Since PHM fellowship programs began participating in the National Resident Matching Program in 2015, the supply of fellowship programs has closely matched demand, with the number of applicants approximately equal to the number of positions available.¹⁴ Based on the average number of residents entering PHM with hospital medicine career goals, current PHM fellowship programs have the capacity to train approximately 1/5th of these residents. If more than 1/5th of residents entering PHM desire fellowship training, the number of fellowship programs will need to increase to train this cadre of residency graduates.

We found that over one-third of residents entering PHM positions were beginning work at community hospitals; this is one of the first reports to quantify the number of hospitalists working in these settings.¹⁵ The vast majority of PHM fellowship graduates to date - 96% - report accepting positions in academic environments, with approximately 70% of these being at freestanding children's hospitals.¹⁶ This finding is not surprising given that most PHM fellowship programs are based at children's hospitals. However, recognizing that a greater proportion of residents beginning community hospitalist jobs envision long-term hospitalist careers than those beginning positions at tertiary care hospitals, it will be important for the PHM fellowship curriculum to prepare hospitalists to work in diverse hospital settings. Hospitalists working at community hospitals may experience several unique opportunities and challenges, including limited pediatric-specific equipment and skills among non-hospitalist colleagues, increased needs to advocate to administration for child health, and needs to address pediatric safety and quality improvement in adult-oriented settings.^{15,17,18} PHM fellowship training can provide valuable skills for addressing these opportunities, provided that there is flexibility in the fellowship curricula to support training across the structurally diverse hospitals where children receive hospital care.¹⁹

Relative to residents entering subspecialty fellowships, we found that residents' family situation, geographic location preferences, and level of educational debt were strongly associated with decisions to enter PHM. Specifically, we found that residents entering PHM carried significantly higher levels of educational debt than those entering subspecialty fellowships. This adds to previous work reporting that pediatric residents with higher debt were more likely to choose general pediatrics or hospitalist careers instead of pursuing subspecialty training.²⁰ While multiple factors shape decisions about career choice, fellowship training has been associated with negative financial returns for the majority of pediatric subspecialties.^{21,22} Unlike the majority of pediatric subspecialty fellowships, however, ACGME-accredited PHM fellowships are anticipated to be two years in length, which may improve the relative financial returns of fellowship training.²² Required fellowship training for PHM certification may deter residents with high levels of educational debt, as well as those with strong geographic preferences and family considerations, from PHM as a career choice. Ongoing advocacy for loan repayment support and payment parity with other fellowship-trained, hospital-based pediatric specialties will be important as PHM pursues subspecialty certification. Future studies are needed to understand how geographic preferences, debt, and both work site- and family-related factors impact residents' decisions pursue PHM fellowship training.

These results should be interpreted in light of our study's strengths and limitations. These data were self-reported, and women were more likely than men to respond to the survey. The overall response rates were moderate, though similar to other surveys of pediatricians.²³ The survey response options regarding work setting were not designed specifically for hospitalist respondents and were self-defined. In addition, data were collected near the time of graduation from residency, and residents' career goals might change once in practice. Similarly, these results reflect factors associated with post-residency position choices and do not reflect factors associated with long-term PHM careers. Residents in combined medicine-pediatrics programs were not included in AAP annual survey; their exclusion may have underestimated the proportion of residents entering PHM positions, as previous work suggests that residents in combined programs are more likely to pursue hospitalist positions than residents in categorical pediatric programs.²⁴ The strengths of this study include its large, nationally representative sample, which enabled comparisons between residents entering community and tertiary care positions, and between residents entering PHM and those entering subspecialty fellowships. The differences we observed between residents entering PHM and subspecialty fellowship may be particularly relevant as PHM moves towards subspecialty status and ACGME-certified fellowship training. Future surveys of residents' career choices will illustrate how the relationships observed in the current study change as PHM continues to develop as an official subspecialty.

Conclusions

From 2006-2015, approximately 10% of graduating pediatric residents pursued PHM positions, with more than one-third of these being at community hospitals. Residents pursuing PHM had significantly higher educational debt than residents pursuing subspecialty fellowships, and this debt, along with residents' family situation and geographic location preferences, were strongly associated with career choice. This research provides valuable data about the PHM workforce to inform ABP subspecialty status and fellowship accreditation.

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Abbreviations

AAP	American Academy of Pediatrics
ABP	American Board of Pediatrics
ACGME	American Council on Graduate Medical Education
PHM	pediatric hospital medicine
US	United States

What's new

From 2006-2015, one-in-ten graduating pediatric residents entered hospital medicine; 70% of these envisioned hospital medicine careers. Factors associated with position choices, including substantial educational debt and sociodemographic characteristics, may negatively impact growth of the field as the specialty pursues fellowship accreditation.

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Table 1

Resident characteristics and factors influencing position choice among pediatric residency graduates who accepted pediatric hospitalist positions compared to residents entering fellowship positions

Resident Characteristics	Hospitalist n=593	Subspecialty fellowship n=1954	p-value *
Gender, n (%) female	467 (78.8)	1311 (67.1)	<.001
Age, n (%) 31 years	194 (33.0)	765 (39.6)	<.01
Race/ethnicity, n (%) :			.33
White, non-Hispanic	353 (59.8)	1145 (59.0)	
Asian or Pacific Islander	131 (22.2)	424 (21.9)	
Minority (Hispanic, Black, Native American)	83 (14.1)	257 (13.3)	
Other	23 (3.9)	113 (5.8)	
Marital status, n (%) married	391 (66.0)	1242 (63.6)	.27
Have children, n (%) with children	163 (27.8)	484 (25.0)	.18
Medical School Location, n (%) United States)	499 (84.1)	1412 (72.6)	<.001
Residency Program Class Size, n (%) 20 residents	320 (54.7)	954 (49.4)	<.05
Educational debt:			<.001
\$0-57,500	148 (25.4)	738 (38.7)	
\$57,501-200,000	218 (37.4)	555 (29.1)	
>\$200,000	217 (37.2)	613 (32.2)	
Position-related factors			
Part-time position, n (%)	87 (14.8)	16 (0.9)	<.001
Starting annual gross income, n (%) \$130,000	315 (57.1)	10 (0.6)	<.001
Family situation limited job selection, n (%) yes	328 (56.1)	780 (41.2)	<.001
Factors influencing position choice, n (%) very important †			
Geographic location	523 (88.6)	1563 (80.6)	<.001
Job security	454 (77.2)	1645 (84.8)	<.001
Control over working hours	479 (81.3)	1475 (76.1)	<.01
Future colleagues	440 (74.8)	1428 (73.7)	.59
Acceptable income	444 (75.3)	1409 (72.7)	.22
Teaching opportunities	380 (64.5)	1394 (71.8)	<.01
Research opportunities	127 (21.6)	1056 (54.5)	<.001

† Responses dichotomized as Important (responses essential/very important) and Less Important (somewhat important/unimportant)

* Chi-square test p-value based on subgroup analysis of hospitalist compared to subspecialty fellowship

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Table 2

Resident characteristics and factors influencing position choice among residents entering hospital medicine compared to those entering pediatric subspecialty fellowships

Resident Characteristics	Adjusted Odds Ratio (95% Confidence Interval)
Family situation limited job selection (Reference: No)	
Yes	1.83 (1.45-2.31) *
Educational debt (Reference: \$0-57,500)	
\$57,501-200,000	1.59 (1.19-2.13) *
>\$200,000	1.36 (1.02-1.80) *
Gender (Reference: Male)	
Female	1.40 (1.09-1.79) *
Have children (Reference: No)	
Yes	1.35 (1.04-1.76) *
Race (Reference: white, non-Hispanic)	
Asian or other Pacific Islander	1.35 (1.03-1.77) *
Minority (Hispanic, Black or African American, Native American)	1.26 (.91-1.74)
Other	.92 (.54-1.55)
Program class size (Reference: < 20 residents)	
20 residents	1.14 (.92-1.42)
Survey year	.99 (.95-1.03)
Age in years (Reference: < 31)	
31	.89 (.71-1.13)
Marital categories (Reference: Not married)	
Married	.78 (.60-1.02)
Medical school location (Reference: US)	
International medical school graduate	.75 (.54-1.05)
Factors influencing position choice	
Geographic location (Reference: Less important)	
Very important	1.73 (1.25-2.39) *
Teaching opportunities (Reference: Less important)	
Very important	1.26 (1.00-1.59)
Control over working hours (Reference: Less important)	
Very important	1.24 (.95-1.63)

Resident Characteristics	Adjusted Odds Ratio (95% Confidence Interval)
Job security (Reference: Less important)	
Very important	.53 (.40-.69) *
Research opportunities (Reference: Less important)	
Very important	.23 (.18-.30) *

*
p .05

Table 3

Resident characteristics and factors influencing position choice among pediatric residency graduates who accepted pediatric hospitalist positions at community hospitals compared to tertiary care hospitals

Resident Characteristics	Tertiary Care Positions n=345	Community Hospital Positions n=194	p-value *
Gender, n (%) female	264 (76.5)	158 (81.4)	.18
Age, n (%) 31 years	102 (29.9)	62 (32.3)	.57
Race/ethnicity, n (%) :			.29
White, non-Hispanic	205 (59.9)	120 (61.9)	
Asian or Pacific Islander	80 (23.4)	39 (20.1)	
Minority (Hispanic, Black, Native American)	40 (11.7)	30 (15.5)	
Other	17 (5.0)	5 (2.6)	
Marital status, n (%) married	221 (64.2)	133 (68.6)	.31
Have children, n (%) with children	87 (25.4)	59 (30.9)	.18
Medical School Location, n (%) United States)	294 (85.2)	166 (85.6)	.91
Residency Program Class Size, n (%) 20 residents	209 (61.3)	91 (47.4)	<.01
Educational debt:			<.05
\$0-57,500	94 (27.8)	40 (20.8)	
\$57,501-200,000	132 (39.1)	67 (34.9)	
>\$200,000	112 (33.1)	85 (44.3)	
Position-related factors			
Part-time position, n (%)	37 (10.7)	36 (18.6)	<.05
Starting annual gross income, n (%) \$130,000	158 (48.6)	132 (72.9)	<.001
Family situation limited job selection, n (%) yes	195 (57.5)	104 (53.9)	.42
Factors influencing position choice, n (%) very important[†]			
Geographic location	301 (87.8)	172 (88.7)	.76
Job security	258 (75.7)	155 (79.9)	.26
Control over working hours	263 (76.9)	171 (88.1)	<.01
Future colleagues	256 (74.9)	146 (75.6)	.84
Acceptable income	242 (70.6)	163 (84.0)	<.001
Teaching opportunities	252 (73.7)	95 (49.0)	<.001
Research opportunities	95 (27.8)	23 (11.9)	<.001

[†] Responses dichotomized as Important (responses essential/very important) and Less Important (somewhat important/unimportant)

^{*} Chi-square test p-value based on analysis of hospitalist in tertiary care site compared to hospitalist at community site

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Table 4

Resident characteristics and job factors associated with jobs accepted post-residency: graduates who accepted pediatric hospitalist positions at community sites compared to tertiary care sites

	Adjusted Odds Ratio (95% Confidence Interval)
Resident Characteristics	Community hospital positions compared to tertiary care positions (reference) n=503
Educational debt (Reference: \$0-57,500)	
\$57,501-200,000	1.25 (0.70-2.22)
>\$200,000	1.37 (0.79-2.38)
Age in years (Reference: < 31)	
31	1.16 (0.74-1.83)
Gender (Reference: Male)	
Female	1.29 (0.76-2.17)
Marital categories (Reference: Not married)	
Married	1.09 (0.68-1.73)
Have children (Reference: No)	
Yes	1.21 (0.74-1.99)
Race (Reference: white, non-Hispanic)	
Asian or other Pacific Islander	0.87 (0.52-1.45)
Minority (Hispanic, Black or African American, Native American)	1.02 (0.56-1.84)
Other	0.41 (0.12-1.40)
Medical school location (Reference: US)	
International medical school graduate	0.99 (0.51-1.95)
Survey year	0.98 (0.91-1.05)
Program class size (Reference: < 20 residents)	
20 residents	0.66 (0.44-0.99)
Factors influencing position choice	
Acceptable income (Reference: Less important)	
Very important	1.94 (1.16-3.22) *
Control over working hours (Reference: Less important)	
Very important	1.78 (0.99-3.19)
Research opportunities (Reference: Less important)	
Very important	0.48 (0.27-0.84) *
Teaching opportunities (Reference: Less important)	
Very important	0.41 (0.27-0.62) *

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