

Section for Residents and Fellows-in-Training

# ANNUAL SURVEY RESULTS 2016



AMERICAN ACADEMY OF  
OTOLARYNGOLOGY-  
HEAD AND NECK SURGERY



The Section for Residents and Fellows-in-Training (SRF) Governing Council would like to thank the residents and fellows who participated in this survey and allowed us to obtain the important information contained in this report. It is an honor and a privilege to serve as your representatives in the American Academy of Otolaryngology – Head and Neck Surgery.

As the Vice Chair, it is my duty to construct, administer, analyze, and report the results of the SRF Annual Survey. It is my hope that the information contained in this report will help to enrich our training and ensure that we are maximizing the potential of our training programs.

Best,  
Peter M. Vila, MD, MSPH

## INTRODUCTION

The 2016 survey was divided into three major parts, as follows:

The first section was focused on general information about daily residency and fellow practices. We asked about general demographics in order to understand who took the survey, and asked questions relating to the Otolaryngology Training Exam, board preparation, desired practice setting, debt, fellowship, and future career plans.

The second section focused on trainee well-being. These questions were adapted with permission from the Flexibility In duty hour Requirements for Surgical Trainees (FIRST) Trial (Bilimoria KY et al., National Cluster-Randomized Trial of Duty-Hour Flexibility in Surgical Training, NEJM 2016), which were developed by holding focus groups with General Surgery residents. The objective was not to compare Otolaryngology residents to General Surgery residents, but simply to have another body of residents as more data for which to interpret the findings.

The final section focused on the use of social media in current medical practice, and current practice for discovering new literature. Participants were asked about which social media applications they use, how they read new journal articles (print vs. online), and how they might use social media in the future to enrich their medical practice.

## METHODS

The survey was constructed using Google Forms. A core set of questions was repeated from prior survey years in order to track this data over time (e.g. demographics), along with new questions regarding trainee well-being and social media use. The link was sent out to current Resident Representatives across the United States via e-mail, and they were asked to forward the link to their co-residents and fellows. The survey was open for responses from May 25, 2016 through August 18, 2016. Survey responses were analyzed using Microsoft Excel.

## RESULTS

Survey year	Number of respondents		
	Residents	Fellows	Total
2016	324	17	341
2015	408	49	457
2014	462	30	492
2013	312	49	361

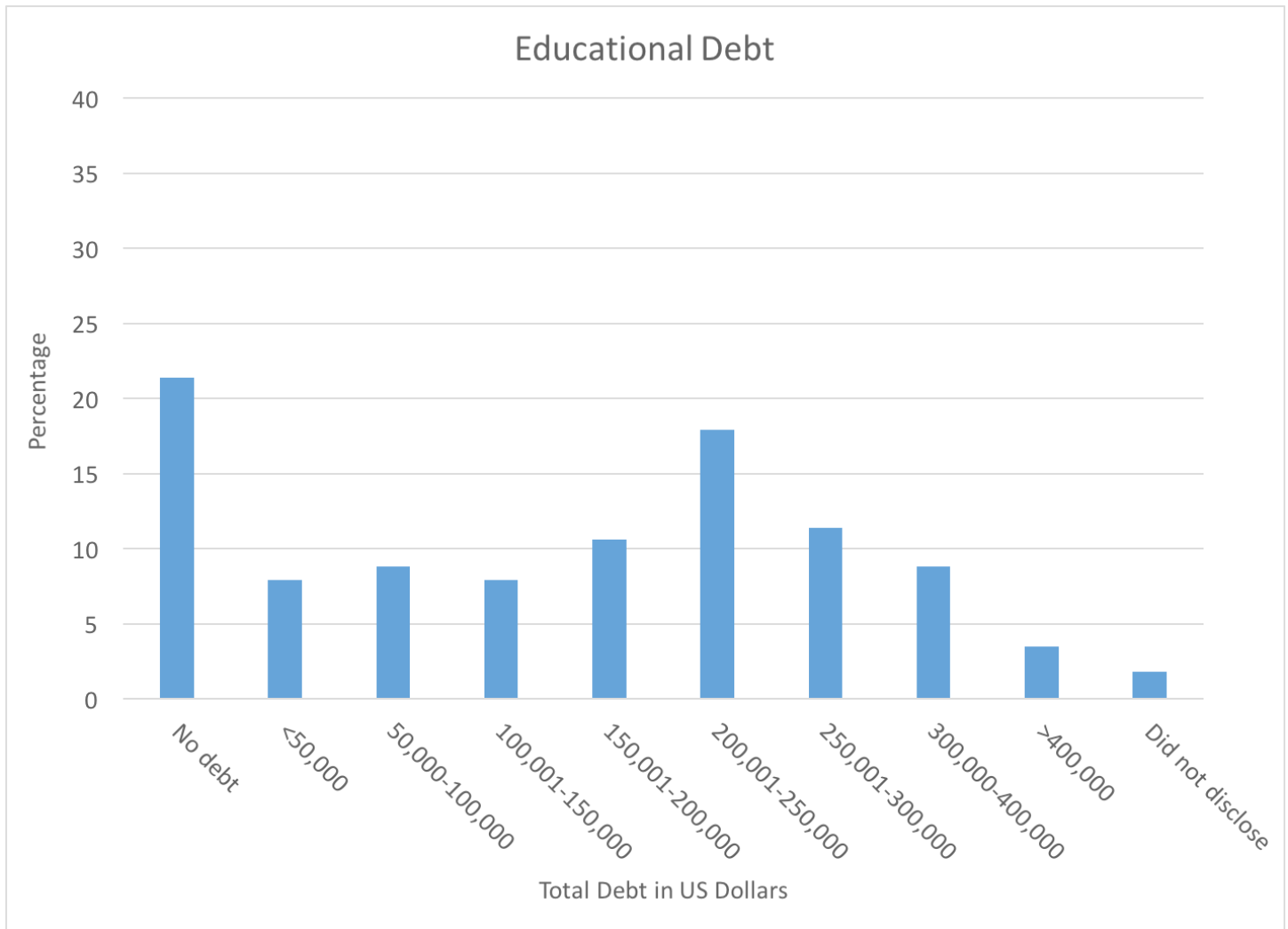
Demographics	N (%)
Gender	
Male	208 (61)
Female	133 (39)
Training Level	
PGY-1	55 (16.1)
PGY-2	63 (18.5)
PGY-3	77 (22.6)
PGY-4	88 (25.8)
PGY-5	38 (11.1)
PGY-6 or greater	3 (0.9)
Fellow	17 (5.0)
Intended Future Practice Setting	
Academic	156 (45.7)
Don't know yet	83 (24.3)
Private practice	68 (19.9)
Hospitalist	23 (6.7)
Military	11 (3.2)
Current Educational Debt (\$)	
No debt	73 (21.4)
200,001-250,000	61 (17.9)
250,001-300,000	39 (11.4)
150,001-200,000	36 (10.6)
300,000-400,000	30 (8.8)
50,000-100,000	30 (8.8)
100,001-150,000	27 (7.9)
<50,000	27 (7.9)
>400,000	12 (3.5)
Did not disclose	6 (1.8)

<b>Future Career Plans</b>	<b>N (%)</b>
<b>Fellowship Plans</b>	
Plan to pursue	157 (46.0)
Don't know yet	75 (22.0)
Matched for a fellowship	68 (19.9)
Do not plan to pursue fellowship	41 (12.0)
<b>Intended Subspecialty</b>	
Head and Neck	56 (23.6)
Pediatrics	51 (21.5)
Facial Plastics	37 (15.6)
Otology/Neurotology	26 (11.0)
Rhinology/Sinus/Allergy	25 (10.5)
Laryngology	14 (5.9)
Sleep Medicine	8 (3.4)
Skull Base	7 (3.0)
Other	13 (5.5)

<b>Family Leave</b>	<b>N (%)</b>
<b>Took Family Leave During Residency</b>	
No	310 (90.9)
Yes, to have children	25 (7.3)
Yes, for other family reasons	6 (1.8)
<b>Thoughts About Other Residents Taking Leave</b>	
Tough, but we made it work	140 (41.1)
No one took family leave	89 (26.1)
Not a problem	85 (24.9)
Variable, depends on the resident	23 (6.7)
Was a big problem	3 (0.9)

<b>Meeting Attendance</b>	<b>N (%)</b>
Training program pays for meetings	
Yes, if presenting oral or poster	207 (61.0)
Yes, if presenting oral	55 (16.1)
Yes, regardless	44 (12.9)
Other	21 (6.2)
No	14 (4.1)

<b>Board Preparation</b>	<b>N (%)</b>
Otolaryngology Training Exam is representative of what trainees should know and questions are up to date	
Neutral	154 (45.2)
Agree or strongly agree	99 (29.0)
Disagree or strongly disagree	88 (25.8)
Materials used to prepare for board exam (Residents)	
Board review textbooks	194 (60.1)
Reference textbooks	189 (58.5)
Home Study Course	146 (45.2)
Academy Q	128 (38.7)
COCLIA	93 (28.8)
Other (e.g. BoardVitals)	47 (14.6)
Academy E-books	33 (10.2)
Academy online courses	28 (8.7)
Academy Clinical Fundamentals Series	2 (0.6)
Materials used to prepare for board exam (Fellows)	
Board review textbooks	20 (87.0)
Reference textbooks	14 (60.9)
Academy Q	11 (47.8)
Academy E-books	8 (34.8)
Other (e.g. BoardVitals)	7 (30.4)
Academy online courses	5 (21.7)
Home Study Course	4 (17.4)
Academy Clinical Fundamentals Series	3 (13.0)
COCLIA	3 (13.0)



Trainee Well-Being Outcome	General Surgery		Otolaryngology
	Standard Policy (%)	Flexible Policy (%)	(%)
Fatigue always or often affects personal safety	9.3	10.6	10.3
Fatigue always or often affects patient safety	6.3	7.5	3.8
Dissatisfaction with:			
Patient safety	4.1	3.5	2.2
Continuity of care	10.0	4.7	4.0
Quality and ease of handoffs and transitions in care	10.1	7.0	3.4
Work hours and scheduling	12.6	12.1	11.8
Time for rest	14.9	18.6	18.0

<b>Social Media and Digital Literature</b>	<b>N (%)</b>
Social Media Applications	
Use Facebook daily or every couple of days	252 (73.9)
Don't have an account or never log in	
Twitter	272 (80.0)
Snapchat	206 (60.4)
Linkedin	233 (68.3)
Doximity	254 (74.5)
Primarily read peer-reviewed literature:	
Online often or almost always	246 (72.1)
In print often or almost always	77 (22.6)
In print never or rarely	139 (40.8)
There is a benefit to disseminating otolaryngologic findings via social media, such as Facebook or Twitter	
Agree or strongly agree	183 (53.7)
Disagree or strongly disagree	72 (21.1)
Would be more likely to read new studies if heard about them on social media	
Agree or strongly agree	157 (46.0)
Disagree or strongly disagree	94 (27.6)
See social media being a part of future medical practice	
Agree or strongly agree	172 (50.4)
Disagree or strongly disagree	86 (25.2)
Have a good understanding of how to best utilize social media to benefit professional career	
Agree or strongly agree	100 (29.3)
Disagree or strongly disagree	121 (35.5)
Avoid participating in social media for fear of negative repercussions from future employers and patients	
Agree or strongly agree	111 (32.6)
Disagree or strongly disagree	124 (36.4)

<b>Academy Involvement</b>	<b>N (%)</b>
Plan to continue AAO-HNS involvement beyond simply paying dues, including committee participation, advocacy efforts, etc.	
Yes	275 (80.6)
No	53 (15.5)
Other	13. (3.8)



## DISCUSSION & SUMMARY

We found the responses quite interesting, and would like to highlight the following:

- The response rate was comparable to past years.
- Over 75% of Otolaryngology residents and fellows have educational debt, and 69% of residents and fellows report debt of \$50,000 or more.
- Head and Neck Oncology remains the most popular intended fellowship choice, followed by Pediatric Otolaryngology and Facial Plastics.
- Very few Otolaryngology trainees have taken family leave, but less than 10% of survey participants stated that it was a problem if a trainee did take leave.
- The majority (61%) of training programs pay for attendance to national meetings if the trainee is presenting an oral or a poster, and an additional 16% will pay for attendance only if an oral presentation is to be given. Only 4% of programs do not pay for travel to national meetings.
- Most trainees use board review textbooks and reference textbooks to prepare for the board exam. The Home Study Course was the third most popular option for board preparation.
- Otolaryngology trainees felt very similarly about ACGME work hours as compared to General Surgery trainees, but may feel less strongly about fatigue affecting patient safety.
- In terms of social media, most trainees (74%) use Facebook either daily or every couple of days, but very few use Twitter, Snapchat, LinkedIn, or Doximity.
- 72% of trainees always or almost always read new peer-reviewed manuscripts online, and 41% rarely or never read new peer-reviewed manuscripts in print.
- 81% of trainees plan to continue AAO-HNS involvement in their future careers.

On behalf of the SRF, we would like to thank the residents and fellows that took time to participate in this survey. Please feel free to contact the SRF via e-mail or on ENTConnect by using the search function on [entnet.org](http://entnet.org).

# ACKNOWLEDGMENTS

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