

## **Residency Training data set documentation**

These data come from a survey of residency program directors, inpatient directors, outpatient directors, and other faculty in psychiatry residency programs.

The variables Q1 – Q41 are responses to 41 likert-scaled questions about important aspects of residency programs, arranged in presumed dimensions. The response scale asked the respondents to rate each item according to how important it is or should be in determining the quality of residency training, and ranged from 1 (least important) to 7 (very important), with 3 labeled “average importance”.

The items were:

### **Teaching, Faculty and Supervision**

1. Quality of supervision
2. Academic reputation of institution/faculty
3. Clinical reputation of faculty
4. Quality of teaching conferences
5. Fairness in evaluation of residents
6. Respect of faculty for residents
7. Personal qualities of Program Director (e.g., warmth, respectful attitude)
8. Professional abilities of Program Director (e.g, administrative abilities)
9. Academic stature of Program Director (e.g., level of faculty appointment)
10. Opportunities for mentorship
11. Responsiveness of program to feedback from residents

### **Institutional Support**

12. Compensation (e.g, salary, benefits, leave, etc)
13. Learning Resources (e.g, libraries, computers etc)
14. Moonlighting opportunities
15. Availability of personal psychotherapy (cost, therapist availability)
16. Quality of physical facilities(e.g. offices, hospitals)
17. Safety of environment

### **Educational Experiences**

18. Diversity of patient population (race, gender, age, socioeconomic status)
19. Opportunities for continuity of care (including long-term therapy)
20. Diversity of training settings (e.g. private v public settings, inpatient, outpatient, partial hospitalization, nursing homes, corrections, etc.)
21. Exposure to managed care settings
22. Amount of on-call
23. Progression in level of clinical responsibility
24. Education prioritized over service
25. Opportunities for research
26. Opportunities for teaching
27. Opportunities for individualized program (e.g., electives, part-time training)

28. Training in biomedical psychiatry
29. Training in psychosocial psychiatry
30. Balance of training between psychosocial and biomedical aspects of psychiatry
31. Responsibility given to residents for patient care
32. Non-psychiatric medical training (e.g., medicine/neurology/pediatrics)
33. Size of training program (No. of residents)

### **Postgraduate Outcomes**

34. Performance of graduates on Boards
35. Job satisfaction of program graduates
36. Patient satisfaction with care provided by residents

### **Atmosphere in training program**

37. Morale in Department
38. Level of support from peers
39. Amount of time available for personal pursuits
40. Quality of other residents in program
41. Number of International Medical Graduates in program

### **The following demographic variables were also collected:**

- Gender
- Age
- Whether the respondent was a US medical graduate (vs. an IMG)
- Year of medical school graduation
- Number of years spent as inpatient, outpatient, or “other” faculty
- Number of years spent as assistant or associate residency director
- Number of years spent as residency director

### **Residency directors (as opposed to non-director faculty) also provided these data about their programs:**

- Whether the program was affiliated with a medical school or not
- Whether the program’s primary hospital affiliation was with a public, private, VA, or military hospital
- Number of US medical graduates in the residency
- Number of International medical graduates in the residency
- How long the program has been in existence
- The program’s orientation, ranging from 1 (wholly biological) to 6 (wholly psychosocial)
- Percentage of graduates who go on to work in research/academia, private sector, and public sector