Are there Advantages to Hiring Training Program Graduates?

Jessica J. F. Kram, MPH; Dennis J. Baumgardner, MD

Aurora University of Wisconsin Medical Group and Center for Urban Population Health, Milwaukee, WI

Department of Family Medicine and Community Health, University of Wisconsin – Madison, School of Medicine and Public Health

BACKGROUND

The question has arisen (in Medical Education meetings) if there are advantages to hiring our own residency graduates regarding care management and patient satisfaction scores.

There is virtually nothing in the literature regarding this question.


To our knowledge, no studies have compared internally and externally hired physicians.

OBJECTIVE

To identify if there is a difference in hiring patterns and care management (CM) or patient satisfaction (PS) scores between internal vs. external residency hires.

METHODS

• Quality Improvement Study
• Compared physicians hired during January 2006 through December 2015
• Study population was identified by physician recruitment

Care Management and Patient Satisfaction Scores:

Care Management (CM):
• Obtained from Department of Continuous Quality Improvement
• Determined based on hire date

Patient Satisfaction (PS):
• Obtained from Service Quality Department
• Calculated based on calendar year regardless of exact hire date
• Two different scales
• First scale was based on five point Likert scale
• Scoring changed in mid-2010
• Second scale was based on three point Likert scale

RESULTS

A total of 108 physician hires were included

• Mean Age 38.0 years
• 42.0% were Female
• 56.5% White
• Mean starting FTE 0.99

Majority of hires were external graduates (70.4%) and family medicine physicians (50.9%)

Of those hired since 2006:
• 71.3% are still employed at Aurora
• Mean longevity 3.5 years so far
• No difference in longevity between internal (71.9%) and external (71.1%) graduates

Internal vs. External Graduate Hires:
• Did not differ based on age, sex or race/ethnicity
• Family Medicine hires more likely to be internal graduates compared to:
  • Internal Medicine (40.0% vs. 13.6%, p=0.03)
  • All other physician specialties combined (40.0% vs. 18.9%, p=0.03)

Care Management Scores:

• First year CM scores did not differ by age, sex, race, year offer accepted, or external vs. internal residency
• Family Medicine hires had lower initial CM scores compared to other physician specialties (2.76 vs. 3.14, p=0.009)
• No difference between second year CM scores
• First and second year CM scores were not statistically different
• However, second year CM scores were marginally statistically different between females and males (3.2 vs. 2.8, p=0.050)

Patient Satisfaction Scores:

• Scale one – 5 point Likert Scale:
  • First year PS scores were significantly higher with younger age (p=0.03), female sex (p=0.04), and internal graduates (p=0.04)
  • Younger age (p=0.013) and internal graduates (p=0.017) remained predictors of higher first year PS scores on multivariable analysis
  • Second year PS scores were also significantly higher with younger age (p=0.010) and female sex (p=0.016)
  • Female sex (p=0.038) remained a predictor of higher second year PS scores on multivariable analysis
  • First and second year PS scores were not statistically different from each other

• Scale two – 3 point Likert Scale:
  • No statistical difference was noted with use of this scale
  • First and second year PS scores were not statistically different

DISCUSSION

• Does local supply and demand or differential willingness to stay (by specialty) or both relate to higher proportion of FM hires being internal?
• Lower initial CM scores for FM across the board may be due to higher number of CM items to be scored on compared to other specialties (improves by second year).

LIMITATIONS

• Single institution and limited sample size
• Not generalizable
• Change in PS score scales half way through
• PS scores based on calendar year, not hire date
• Likely many uncaptured variables

CONCLUSIONS

• CM scores do not differ between internally and externally hired graduates
• PS Scores differ based on scale used
• Further study is warranted

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