

# Administrative Support and Clinical Shift Load Varies Among Emergency Medicine Residency Leadership

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**Background:** Emergency medicine (EM) residencies have varying administrative structures and support for their educational programs. As preparation for the Council of Residency Directors (CORD) Academic Assembly in 2007, we were charged with preparing a discussion of the various roles and structures of EM residencies across the country, as well as their administrative support for both residency and non-residency related functions.

**Methods:** This is a survey project of the members of the CORD listserv who are residency directors or associate/assistant residency directors.

**Results:** Of 139 programs, 86 (61.9%) responded. Programs were limited to one response with secondary responses excluded from analysis. Forty (47.1%) programs reported having one non-faculty full-time equivalent (FTE) devoted to residency functions, 20 (23.5%) reported 1.5 FTEs, 17 (20.0%) reported two FTEs and five (5.9%) reported  $\geq 2.5$  FTEs. The mean total departmental non-physician FTEs was 4.1. Program directors (PD) work an average of 16 clinical hours/week. PDs are at an average of 14 years post residency and have been at their current position an average of 5.7 years. 84.4% of programs have  $\geq 1$  associate PD. Associate PDs work an average of 22 hours/week, average 8.5 years post residency, and have been associate PDs for an average of 4.3 yrs. Programs have an average of 1.1 assistant PDs (range 0-4) who work an average of 25 hrs/week. Seven PDs, two associate PDs and six assistant PDs report clinical duty hours greater than that allowed by the RRC. There is a wide disparity in the activities PDs report, with some PDs not actively engaged in RRC requirements.

**Conclusion:** EM departments and residencies have a broad range of administrative FTE support. Most PDs have a clinical shift break, but some PDs, associate PDs and assistant PDs still report clinical duty requirements beyond the RRC guidelines for their positions, either as PDs or core clinical faculty. Additionally, some PDs report a lack of activity in areas required by the RRC.