

Appendix Table C. Program Directors' Attitudes About Emergency Training for Family Medicine Residents According to Community Size

		Community Size						
Program director attitudes	Total (N=270) n (%)	<30,000 (n=26) n (%)	30,000– 74,999 (n=50) n (%)	75,000– 149,000 (n=51) n (%)	150,000– 499,999 (n=65) n (%)	500,000– 1,000,000 (n=33) n (%)	>1,000,000 (n=44) n (%)	P value
Who should be fully prepared to work in an emergency department and manage trauma stabilizations?								
All family medicine residents	44 (16.7)	3 (11.5)	10 (20.4)	11 (22.0)	11 (17.2)	6 (18.8)	3 (7.0)	.412
Only residents who plan to work in emergency departments	203 (76.9)	22 (84.6)	39 (79.6)	38 (76.0)	49 (76.6)	22 (68.8)	33 (76.7)	.807
Only residents who plan to work in rural locations	136 (51.5)	10 (38.5)	23 (46.9)	27 (54.0)	28 (43.8)	20 (62.5)	28 (65/1)	.127
Institutional barriers family medicine residents face that prevent them from gaining hands-on leadership experience in trauma stabilization								
Competition from other specialty residents (eg, emergency medicine, surgery)	140 (53.0)	11 (42.3)	26 (53.1)	17 (34.0)	38 (59.4)	21 (65.6)	27 (62.8)	.022
Perceptions that emergency medicine is not within the scope of family medicine	128 (48.5)	17 (65.4)	21 (42.9)	26 (52.0)	34 (53.1)	13 (40.6)	17 (39.5)	.255
Resident scheduling challenges	70 (26.5)	6 (23.1)	14 (28.6)	20 (40.0)	15 (23.4)	8 (25.0)	7 (16.3)	.180
ACGME emphasis on other practice requirements (eg, 80 deliveries for independent practice, clinic requirements)	154 (58.3)	15 (57.7)	29 (59.2)	28 (56.0)	37 (57.8)	18 (56.3)	27 (62.8)	.990
Lack of ACGME emphasis (trauma stabilization experience is not required for independent practice)	184 (69.7)	13 (50.0)	36 (73.5)	36 (72.0)	44 (68.8)	26 (81.3)	29 (67.4)	.194

Perceived effect these barriers have on residents'								
decisions about working in emergency departments								
after graduating								
Competition from other specialty residents (eg, emergency medicine, surgery)	126 (47.7)	9 (34.6)	17 (34.7)	19 (38.0)	36 (56.3)	19 (59.4)	26 (60.5)	.020
Perceptions that emergency medicine is not within the scope of family medicine	151 (57.2)	20 (76.9)	27 (55.1)	25 (50.0)	40 (62.5)	19 (59.4)	20 (46.5)	.152
Resident scheduling challenges	60 (22.7)	4 (15.4)	17 (34.7)	14 (28.0)	15 (23.4)	5 (15.6)	5 (11.6)	.089
ACGME emphasis on other practice requirements (eg, 80 deliveries for independent practice, clinic requirements)	94 (35.6)	9 (34.6)	18 (36.7)	14 (28.0)	22 (34.4)	15 (46.9)	16 (37.2)	.675
Lack of ACGME emphasis (trauma stabilization experience is not required for independent practice)	115 (43.6)	10 (38.5)	26 (53.1)	20 (40.0)	25 (39.1)	15 (46.9)	16 (37.2)	.699

Abbreviation: ACGME, Accreditation Council for Graduate Medical Education