

Capsule Commentary on Pololi et al., Assessing the Culture of Residency Using the C-Change Resident Survey: Validity Evidence in 34 US Residency Programs

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The National Initiative on Gender, Culture and Leadership seeks to facilitate changes that ultimately improve the culture of academic medicine. The group, housed at Brandeis University, initially developed and validated the C-Change Faculty Survey.^{1,2} This 117-item survey utilizes 12 dimensions to effectively describe levels of vitality, trust, competition, feelings of being valued, as well as gender and diversity equity of academic faculty.

Pololi et al. now provide a robust analysis of the culture of medicine at the graduate medical education level.¹ The C-Change Resident Survey characterizes 13 dimensions, validated by data from 34 residency programs from internal medicine, pediatrics and general surgery. This topic is certainly pertinent as residency programs determine different methods to assess predictors of burnout and the overall well-being of trainees. These factors become more pressing with ACGME's Clinical Learning Environment Review every 2 to 3 years. Interestingly, the authors used an ACGME officer to vet core competency questions for the survey.

The authors note that there were significant differences in dimension scores across institutions and specialties at the same institution. Most notably, at one institution, the mean vitality score was highest among pediatric programs and lowest in surgical programs. Certainly, culture is program specific. Further distillation might reveal that the responses of this survey

could change rapidly based on the resiliency of the current set of learners. Additionally, these swings could be more evident in 3–4 year programs as opposed to 5–7 year programs.

Ultimately, this survey should prove to be a useful tool for program directors seeking cultural self-assessment of their learning environments. Surveys of this nature are at risk of trainee underreporting.³ However, this multifaceted survey will be a welcome complement to items such as the Maslach burnout inventory⁴ in early detection of trainee distress and workload.

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Compliance with Ethical Standards:

Conflict of Interest: The author has no conflicts of interest with this article.

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