

Research Article

Parental Roles in Residency Education: Examining the Career Choices of Dermatology Residency Program Directors' Children

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Abstract

Background: Residency Program Directors (RPDs) balance administrative, scholarly, teaching and patient care responsibilities. The 2002 Accreditation Council for Graduate Medical Education (ACGME) guidelines introduced reforms that increased administrative burdens for RPDs. However, the impact of these changes on RPDs' families, particularly on their children's career trajectories, is unclear. This study aimed to assess whether increased administrative responsibilities influenced the likelihood of dermatology RPDs' children pursuing careers in healthcare.

Methods and Findings: A cross-sectional survey was distributed in May 2024 via the Association of Professors of Dermatology (APD) ListServ. Eligible participants were dermatology RPDs or associate RPDs (aPDs) with at least one child aged 18 or older. Of 134 invited participants, 130 completed the survey (97.0% response rate), with 36 meeting inclusion criteria. The survey collected demographic data and perceptions regarding parental influence. Sixteen RPDs (44.4%) had children who pursued healthcare careers (including all allied health fields), while 20 (55.6%) did not. Among RPDs who served before 2002, 5 of 6 (83.3%) had children enter healthcare, compared to 11 of 30 (36.7%) among those who served during or after 2002. Half (18/36) believed their career influenced their child's decision; of these, 10 (55.6%) had children pursue healthcare. In contrast, only 4 of 16 (25%) who perceived no influence had children in healthcare. RPDs most frequently cited institutional or departmental demands as deterrents to careers in medicine. Limitations include a small sample size and potential response bias.

Conclusion: These findings suggest that the evolving administrative landscape of Graduate Medical Education (GME) may shape how children of dermatology residency leaders view careers in medicine. Institutional factors emerged as key influences, raising important considerations for workforce development and the long-term impact of policy reform on generational interest in

academic medicine.

Keywords: Residency Program Directors; Children; Graduate Medical Education

Abbreviations

ACGME: Accreditation Council for Graduate Medical Education; aPD: Associate Program Director; GME: Graduate Medical Education; RPD: Residency Program Director

Introduction

Residency Program Directors (RPDs) are pivotal leaders in Graduate Medical Education (GME), responsible for balancing administrative, scholarly, teaching and clinical duties. As key architects of residency training, they help shape the future physician workforce. Over time, increasing administrative demands have raised concerns not only about the well-being of RPDs themselves but also about potential impacts on their families [1]. Yet, how these systemic changes affect the next generation, particularly the children of RPDs, remains underexplored.

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One of the most significant systemic shifts in modern GME came with the Accreditation Council for Graduate Medical Education's (ACGME) Outcome Project, introduced in the late 1990s and fully implemented in 2002. This reform established six core competencies foundational to U.S. medical training: patient care, medical knowledge, professionalism, practice-based learning and improvement, interpersonal communication skills and systems-based practice. To support these competencies, new assessment methods and greater programmatic oversight were introduced, significantly increasing the administrative burden for RPDs. These reforms, while aimed at improving educational quality, brought additional demands such as reporting requirements, compliance monitoring and expanded faculty development [1-3]. Existing studies document the professional challenges faced by RPDs, including burnout, administrative fatigue and job dissatisfaction [1,4-6]. However, little research has explored how these increasing demands extend beyond the professional realm to affect the families of RPDs, particularly their children. Given that medicine often runs in families, children of physician-leaders may have unique exposure to both the inspiration and strain that accompany academic medical careers. Some may be drawn to the profession by their parents' dedication, while others may be dissuaded by visible stress and diminished work-life balance [7,8]. These dynamics raise important questions about how institutional changes in medical education may shape generational interest in the field. The purpose of this study is to examine whether the implementation of the 2002 ACGME guidelines influenced the career decisions of RPDs' children. Through a nationally distributed survey of dermatology program directors, this study explores how increasing administrative responsibilities and evolving program leadership roles may influence how their children view careers in medicine. By addressing a previously underexplored dimension of medical education reform, this study provides insights that may inform future policy discussions on RPD workload, faculty well-being and medical career pipeline sustainability.

Methodology

Study Design and Participants

We conducted a cross-sectional survey study to examine how the experiences of dermatology RPDs and associate Program Directors (aPDs) influence their children's career decisions. Eligible participants were dermatology RPDs and aPDs with at least one child aged 18 or older. Participants were recruited via the Association of Professors of Dermatology (APD) ListServ and the survey was disseminated in May 2025.

Survey Instrument

The survey instrument (available as Supplemental Material 1) was developed based on a comprehensive literature review and adapted from a previously validated national survey evaluating reasons for internal medicine RPD resignation [9]. The original framework was modified to assess dermatology-specific leadership experiences and perceptions of children's career influences. In the survey, "pursuing healthcare" was defined broadly to include all allied health fields, not exclusively medical careers. The final instrument included seven domains to assess participant demographics, program characteristics, work-life balance, professional stressors and perceived parental influence on children's career decisions [9]. The survey incorporated multiple-choice questions, Likert-scale items and optional open-text responses to allow for qualitative elaboration. Eligibility was confirmed at the beginning of the survey and participants provided electronic informed consent prior to participation.

Data Collection and Management

Survey responses were collected using Qualtrics, a HIPAA-compliant online platform. All data were stored on a secure, monitored OneDrive server at the University of North Carolina with weekly audits to ensure data integrity.

Statistical Analysis

We conducted all analyses using Microsoft Excel and RStudio (version 2024.12.0+467), utilizing the tidyverse, ggplot2 and Table1 packages. Descriptive statistics were used to summarize participant characteristics and survey responses. For categorical variables, we applied chi-square and Fisher's exact tests; for continuous variables, we used the Kruskal-Wallis test. Statistical significance was defined as $p < 0.05$. Given the sample size and exploratory nature of the analysis, we did not calculate confidence intervals or conduct multivariate modeling.

Ethical Approval

The study was deemed exempt by the Institutional Review Board at the University of North Carolina (IRB-24-1410) on July 31, 2024. All procedures adhered to ethical guidelines to ensure confidentiality and participant rights.

Results

Participant Characteristics Of 134 total dermatology program directors, 130 completed the survey (97.0% completion rate). Among these, 36 (27.7%) met eligibility criteria, having served as RPDs or aPDs with at least one child aged 18 or older. Of the 36, six (16.7%) served before the 2002 ACGME guidelines and 30 (83.3%) served during or after their implementation. Sixteen RPDs (44.4%) had children who pursued healthcare, while 20 (55.6%) did not (Table 1). Younger RPDs (ages 40-50) more often had children who did not pursue healthcare (6 of 7, 85.7%) (Fig. 1). Most RPDs whose children did not pursue healthcare (19 of 20, 95.0%) served after 2002. In contrast, those who served before 2002 were more likely to report children entering healthcare (5 of 6, 83.3%) compared to those serving after 2002 (11 of 30, 36.7%) (Fig. 1). Perceived Career Influence RPDs varied in their perceptions of whether their career experience influenced their child's decision to pursue healthcare, with 16 (44.4%) reporting no influence and 18 (50.0%) perceiving their experience as influential (Table 2). Among the 18 who believed their experience was influential, 10 (55.5%) had children who pursued healthcare, while 8 (44.4%) did not. Conversely, among the 16 who reported no influence, only 4 (25.0%) had children who pursued healthcare, while 12 (75.0%) did not (Fig. 1). Reported Reasons for Influence Thirteen RPDs identified specific factors they believed shaped their children's career views. The most common were institutional or departmental factors (7 of 13, 53.8%). Of the 16 children who pursued healthcare, 4 (25.0%) had parents who cited these as encouraging, while 3 parents cited them but had children who did not pursue healthcare, instead viewing these factors as discouraging. Only one RPD cited work-life balance and none cited ACGME regulations or resident factors (Table 2). Parents who cited the nature of the work itself - such as administrative burden or scope of responsibilities - were more likely to have children who pursued healthcare (2 of 3, 66.7%) compared to those citing institutional/departmental factors (4 of 7, 57.1%) (Fig. 1).

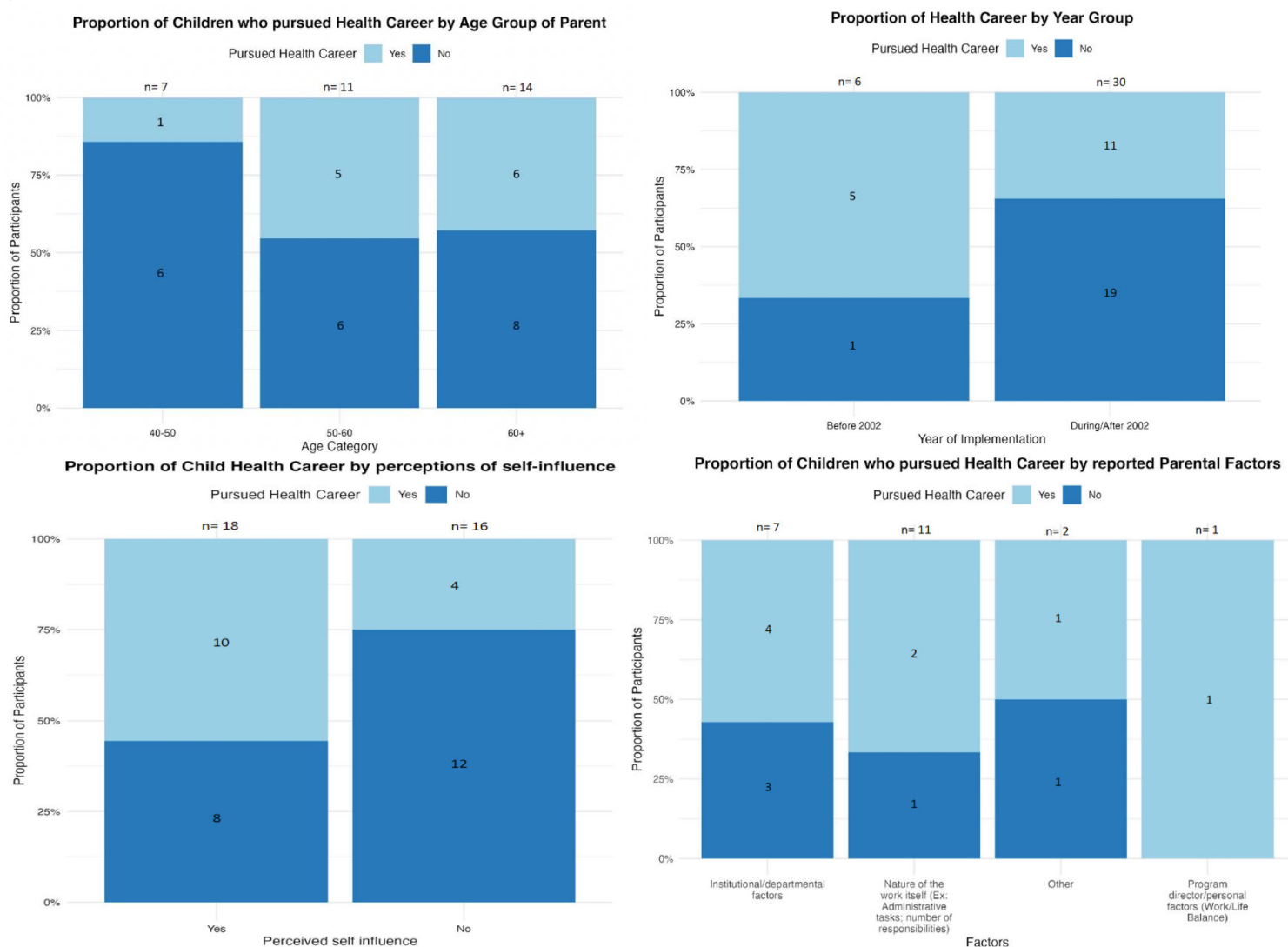


Figure 1: Impact of Residency Program Directors' (RPDs) Career Contexts on Children's Pursuit of Healthcare Careers. (A):

Career choices of children (healthcare: n=16, non-healthcare: n=20) by RPD age. Younger RPDs (40-50 years) more often had children not pursuing healthcare (85.7%); (B): Association between timing of RPD service and children's career paths. RPDs serving during/after 2002 more often had children who did not pursue healthcare (19 of 30, 63.3%), while those serving before 2002 more often had children enter healthcare (5 of 6, 83.3%); (C): Perceived parental influence on children's career decisions. Among RPDs who perceived their careers as influential (n = 18), 10 (55.5%) had children who entered healthcare, compared to 4 of 16 (25.0%) among those who reported no influence; (D): Reported reasons for influence. Parents citing the nature of the work as influential were more likely to have children enter healthcare (2 of 3, 66.7%) compared to those citing Institutional/Departmental factors (4 of 7, 57.1%).

Children Pursued HealthCare Career	Before 2002	During/After 2002	Total
	(N=6)	(N=30)	(N=36)
Yes	5 (83.3%)	11 (36.7%)	16 (44.%)
No	1 (16.7%)	19 (63.3%)	20 (55.6%)
Sex			
Male	0 (0.0%)	13 (43.3%)	13 (36.1%)
Female	3 (50.0%)	16 (53.3%)	19 (52.8%)
Missing ^a	3 (50.0%)	1 (3.4%)	4 (11.1%)
Age			
40-50	0 (0.0%)	7 (23.3%)	7 (19.4%)
50-60	0 (0.0%)	11 (36.7%)	11 (30.6%)
60+	3 (50.0%)	11 (36.7%)	14 (38.9%)
Missing ^a	3 (50.0%)	1 (3.3%)	4 (11.1%)
Program Size			
Mean (SD)	15.0 (4.24)	11.8 (4.98)	12.0 (4.94)
Region			
Northeast	0 (25.0%)	11 (35.0%)	11 (30.6%)
Midwest	2 (33.3%)	6 (20.0%)	8 (22.2%)
West	0 (6.3%)	7 (30.0%)	7 (19.4%)
South	1 (16.7%)	6 (15.0%)	7 (19.4%)
Missing ^a	3 (50.0%)	0 (0%)	3 (8.4%)
Number of Children			
Median [Min, Max]	2.00 [2.00, 3.00]	2.00 [1.00, 5.00]	2.00 [1.00, 5.00]

Table 1: Characteristics of Residency Program Directors and Their Association with Children's Career Pursuits in Healthcare Before and After 2002. Summary of Residency Program Directors' Characteristics and Children's Career Choices. Table 1 present demographic and professional characteristics of RPDs before (n=6) and after 2002 (n=30), along with their children's career choices. The table includes data on program size, geographic distribution and whether their child pursued a healthcare career. ^aMissing responses indicate that the respondent did not complete that specific question in the survey.

Thought Their Experience Influenced Child's Career	Before 2002	During/After 2002 (N=30)	Total
	(N=6)		(N=36)
Yes	4 (66.7%)	14 (46.7%)	18 (50.0%)
No	0 (0%)	16 (53.5%)	16 (44.4%)
Missing ^a	2 (33.3%)	0 (0%)	2 (5.6%)
Though their experience influenced child to pursue healthcare			
Encouraged child to pursue healthcare career	2 (33.3%)	8 (26.7%)	10 (27.8%)
Discouraged child to pursue healthcare career	2 (33.3%)	2 (6.7%)	4 (11.1%)
Did not impact career decision making	0 (6.3%)	3 (13.3%)	4 (11.1%)
Missing ^a	2 (33.3%)	17 (56.7%)	19 (63.3%)

Factors			
Institutional/departmental factors	1(16.7%)	6 (20.0%)	7(19.4%)
Nature of the work itself (Ex: Administrative tasks; number of responsibilities)	1 (16.7%)	2 (6.7%)	3 (8.3%)
Program director/personal factors (Work/Life Balance)	1 (16.7%)	0 (0%)	1 (2.8%)
Resident Factors/Attitudes	0 (0%)	0 (0%)	0 (0%)
ACGME/regulatory factors (Ex: Too many regulations/reporting; increased admin responsibilities)	0 (0%)	0 (0%)	0 (0%)
Career advancement	0 (0%)	0 (0%)	0 (0%)
Other	0 (0%)	2 (6.7%)	2 (5.6%)
Program factors (Board scores; In-training exam scores; resident performance)	0 (0%)	0 (0%)	0 (0%)
Missing ^a	3 (50.0%)	20 (66.7%)	23(63.9%)

Table 2: Residency Program Directors' Perceptions of Career Influence and Reported Barriers to Healthcare Pursuits. Summary of Residency Program Directors' Perceived Influence on Children's Career Choices. Table 2 summarizes responses from RPDs before (n=6) and after 2002 (n=30) regarding whether they believed their professional role influenced their child's career choices, how that influence manifested and what barriers they perceived to children pursuing healthcare careers.

Discussion

This study explored whether the implementation of the 2002 ACGME guidelines influenced the career decisions of dermatology RPDs children. RPDs who served before 2002 were more likely to report children entering healthcare than those who served during or after the reforms. Additionally, younger RPDs (ages 40-50) were less likely to report children pursuing healthcare careers than older peers. These findings align with existing literature suggesting that increased administrative demands and shifting work-life dynamics may influence perceptions of medical careers [1].

Parental perception of influence varied. RPDs who felt they had encouraged their children toward medicine more often reported children who pursued healthcare, while those who cited greater institutional or departmental challenges more frequently had children choose non-medical paths. Institutional factors such as departmental support, faculty workload and administrative oversight emerged as commonly cited influences - both positive and negative - on how the profession was viewed. Interestingly, despite existing literature documenting high levels of burnout among RPDs, few explicitly identified burnout, work-life imbalance or ACGME-related burdens as direct contributors to their children's decisions [4-6]. These findings may reflect the influence of broader cultural and institutional perceptions of medicine, rather than specific job-related stressors experienced by RPDs themselves.

These findings contribute to ongoing conversations about how the professional experiences of academic faculty may influence perceptions of medicine within their families. While the study was not designed to determine causality, the observed patterns raise questions about whether evolving institutional environments in GME may shape interest in medical careers among younger generations. The generational shift we observed may reflect increasing administrative burden following the 2002 ACGME reforms, broader societal changes in how medicine is perceived or a combination of both.

Several limitations should be acknowledged. The study relied on a small, self-selected sample of dermatology program leaders, with only six RPDs reporting service prior to the 2002 ACGME guidelines. While consistent with prior studies using similar recruitment methods, these small subgroup sizes limit statistical power and generalizability [10]. Responses were self-reported and may be subject to recall bias, particularly when reflecting on influence over long periods. Additionally, the inclusion of both RPDs and aPDs may introduce variability in administrative responsibilities; however, both roles involve core leadership within residency training and were analyzed together to reflect their shared perspective. Several survey items had high rates of missing responses, which may reflect survey fatigue, uncertainty about how to answer or discomfort with personal family topics. This missing data may limit interpretability by biasing certain comparisons or obscuring potential trends. Finally, the study did not assess external factors such as societal views of medicine, financial considerations or individual family dynamics, all of which

may contribute to career decision-making.

Future research should incorporate a larger and more diverse sample across specialties and career stages. Qualitative interviews with faculty and their children could yield deeper insights into how professional experience and institutional culture shape generational views on medicine. Longitudinal studies could help track how perceptions of medicine - and eventual career choices - evolve over time in response to administrative and policy changes in GME.

Conclusion

In this study of dermatology RPDs, those who served before major administrative reforms were more likely to report children pursuing healthcare. Institutional factors—rather than personal stressors like burnout or work-life imbalance—were more commonly cited as shaping children's perceptions of medicine. These findings suggest that evolving professional environments in academic dermatology may influence generational interest in the field.

Conflicts of Interest

The authors declare no conflict of interest in this paper.

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