FAQs about the ACGME Resident Survey for Program Directors

APDIM (updated 5/28/2021)

The ACGME resident survey is an annual survey required as one of several tools used by the Review Committee for Internal Medicine (RC-IM) to monitor programs for accreditation. The 2017 APDIM spring survey identified stress and pressure on Program Directors (PDs) attributable to the annual resident survey. The stress is related to the implications of the survey for accreditation, vague and confusing language for trainees, and the pressure to make changes in the program to improve the survey. Below, we share answers to frequently asked questions (FAQs) by PDs to help address these important concerns. This document has been reviewed by the RC-IM for accuracy. Please also see the ACGME website for more information as well as a presentation by the Chair of the RC and ACGME FAQs:

http://www.acgme.org/Data-Collection-Systems/Resident-Fellow-and-Faculty-Surveys

http://www.acgme.org/Specialties/Documents-and-Resources/pfcatid/2/Internal%20Medicine

What are implications of an unfavorable survey?

The intent of the survey is to provide resident feedback to you and the RC-IM about your program. The resident survey is only one of several data elements the RC-IM uses to review its programs annually in the Next or New Accreditation System (NAS). It is an important instrument and assists the RC-IM in reviewing its 2,300 programs, but a program flagged as having an unfavorable survey will not automatically receive a citation. All flagged programs for any of the NAS data elements undergo further review to determine whether the flag was real. The RC-IM takes the following into account when making this determination: the specific items/sections with high noncompliance rates, the degree or magnitude of noncompliance; and whether the program was flagged for the first-time or for multiple years. The RC-IM also takes into account program size when they review the program, recognizing that smaller programs with limited respondents are at greater risk for higher noncompliance rates).

Does an unfavorable survey mean I will have a citation?

No, an unfavorable survey does not necessarily mean that the program will receive a citation. It is important to highlight that the vast majority of internal medicine programs in NAS do not have any citations. Based on data the RC-IM has presented at previous APDIM meetings, less than 5% of all internal medicine programs have a citation. For some perspective and comparison, in the last year of the Old Accreditation System (that is, before July 1, 2013), approximately 80% of all internal medicine programs had at least one citation. This percentage has been constant for the past five years, but increased a bit in academic year 2018-2019. The change was due to ACGME's stricter monitoring and enforcement of compliance with the 80-hour per week (averaged across four weeks) standard.

How do I respond to an unfavorable survey?

Have an open and honest conversation with your residents to learn reasons for the concerns. Decide internally if changes should be made or not (see below). Use the ACGME Accreditation Data System (ADS) to address concerns raised on your survey. Use the "major changes and other updates" section (under Program tab in ADS) to explain or comment on areas on the survey of concern to you. **Entering even a few sentences in this space assures the RC-IM that the program and institutional leadership have seen and reviewed the survey results and are working to make improvements**. A program director can enter information in the "major changes and other updates" field in ADS at any time, even multiple times within an academic year. The timing of when the PD enters the information is up to the PD, as comments are time stamped when entered. The RC-IM will only review the "major changes and other updates" in ADS if there is a flag on any NAS data elements. The RC-IM encourages PDs to provide comments on any issues they want,

whenever they want to, as often as they feel they need. The RC-IM staff also encourage PDs to reach out to them directly if they have questions about the ADS updates or timing of the response. Here is the link to their contact information, https://www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcatid/2/Internal%20Medicine

Do I need to adjust my curriculum to make my survey more positive?

The intent of the ACGME is for PDs to review the survey for formative feedback about their program and identify possible areas for improvement. The survey may identify areas in the program to improve, at the discretion of the PEC and PD. Programs should not feel compelled to alter curricular content or rotations due to "popularity" with the residents. For example, if residents do not like a rotation but the PEC considers it core to their training, a negative survey should not override curricular goals. The survey results should not be perceived as punitive.

What can I tell my residents about the survey?

The ACGME encourages PDs to provide their residents with information about the survey and its questions. You can be a translator for the survey definitions and terms. This is especially important for the potentially ambiguous language for some elements of common program requirements, such as "non-physician obligations" (see below). Residents should be encouraged to answer the survey honestly and to clarify questions they do not understand. APDIM Council developed a Power Point toolkit for you to share with your residents to explain and clarify the language of the ACGME. The toolkit is uploaded on the AAIM website under "resources".

What does the question about education compromised by non-physician obligations mean?

The ACGME survey asks residents if they routinely perform **"non-physician obligations".** Non-physician obligations are those duties which in most institutions are performed by nursing and allied health professionals, transport services or clerical staff. Examples of such obligations include transport of patients from the wards or units for procedures elsewhere in the hospital, routine blood drawing for lab tests, routine monitoring of patients when off the ward and clerical duties such as scheduling tests and appointments. It is understood that while residents, like non-resident physicians, may be expected to do any of these things on occasion, these should not be performed routinely by residents and must be kept to a minimum to optimize resident education. Education includes providing care for patients, in addition to didactic and small group teaching sessions.

Even though my program did not reach a 70% completion rate on the 2020 ACGME resident survey and I did not receive a summary report last year, my 2021 resident survey contained averages for the different resident survey sections for 2020. Will the Review Committee for Internal Medicine be using these data from programs who did not reach a 70% completion rate on the 2020 survey for the upcoming review cycle?

No, the Committee will not use summary data from programs that did not reach a 70% completion rate on the 2020 survey for subsequent accreditation reviews. Even though the newly released 2021 resident survey report contains average compliance rates for the different survey sections for 2020, the Committee will not use this information in any accreditation reviews if programs did not reach the minimum threshold. The ACGME released these data to programs because it had been collected. Programs can use it for their own internal improvement efforts if they want.

To be clear, the Committee did not have access to nor use the 2020 survey in its review process during the 2020-2021 review cycle if programs did not reach the 70% completion rate. The language below was included in the notification letter of most programs not reaching the minimum threshold:

Based on the information in ADS, the program director has taken many steps to prepare for and respond to the COVID-19 pandemic. The Committee appreciates the program director's efforts to make compliance with the broad clinical and educational areas on the ACGME resident survey a priority, particularly work hours, supervision, and safety requirements, especially now during this challenging and unprecedented time.

Although the Committee has used the resident survey in the past to monitor compliance with many common and specialty specific program requirements, it could not use it this year. In response to the pandemic, and in an effort to relieve programs of some accreditation tasks to focus on the patient care needs in their communities, the ACGME announced in March of 2020 that participation in the 2020 resident and faculty surveys would be optional. It also announced that summary reports would not be released to programs unless they achieved a 70% completion rate, in order to protect the confidentiality of participants. The program did not reach the minimum threshold. As such, a summary report was not made available. The Committee will monitor the 2021 resident survey to assess the program's overall compliance efforts.

(FAQ dated: May 27, 2021)

Did the ACGME survey change in 2020 to reflect the new Common Program Requirements?

Yes. The ACGME resident and faculty survey has changed. The Power Point toolkit has been updated. Please see table below for side-by-side comparison of old survey versus new survey content areas.

What is the ACGME Resident Survey-Common Program Requirements Crosswalk document? How can it help me understand my ACGME resident survey results?

This is a new resource that helps programs understand and interpret their ACGME survey results by mapping ACGME survey questions to the respective and corresponding Common Program Requirements (CPRs). If you have a low compliance rate on a particular resident survey item, the crosswalk document can help you identify the area for program improvement to comply with CPRs. You can also use this resource to help your residents understand the intent of the individual survey questions. The crosswalk document for the resident survey is located on the ACGME's website, https://www.acgme.org/Portals/0/PFAssets/ProgramResources/ResidentFellow%20Survey-Common%20Program%20Requirements%20Crosswalk.pdf?ver=2021-04-30-150131-890. A crosswalk document is also available for the faculty survey, https://www.acgme.org/Portals/0/PFAssets/ProgramResources/Faculty%20Survey-Common%20Program%20Requirements%20Crosswalk.pdf?ver=2021-04-30-144956-250 .

You can also download the APDIM Toolkit to Better Understand the ACGME Resident Survey (https://www.im.org/resources/ume-gme-program-resources/acgme-resident-survey-faqs) and edit the slide set to include additional information about any survey questions that need further clarification for the residents in your program. This slide set is updated annually in the winter, prior to the survey release date.

(FAQ dated: May 27, 2021)

Any other information you can tell me about the surveys?

The ACGME has done much work to improve the resident and faculty surveys. It hired a consultant with expertise in survey design and created a Task Force to oversee the survey redesign process. Survey items underwent intensive review as well as several rounds of cognitive interviews with hundreds of residents and faculty. Please also refer to the Program Directors' Guide to the Common Program Requirements (Residency) available on the ACGME website:

https://acgme.org/Portals/0/PFAssets/ProgramResources/PDGuideResidency.pdf

2019	Current
Clinical and Educational Work • 80h/week • 1 day free in 7 • In-house call q3 • 14h free after 24h in-house call • 8h between clinical experience and educational work hours • Continuous hours scheduled • Reasons for exceeding rules	**Clinical Experience & Education** • 80h/week • 4+ days free in 28d period • Taken in-hospital call >q3 • <14h free after 24h work • >28 consecutive hours work • Additional responsibilities after 24h • Adequately manage patient care w/in 80h • Pressured to work >80h
Faculty • Sufficient supervision • Appropriate level of supervision • Sufficient instruction • Faculty and staff interested in residency education • Faculty and staff create environment of inquiry	**Faculty teaching and Supervision** • Faculty members interested in education • Faculty effectively creates environment of inquiry • Appropriate level of supervision • Appropriate amount of teaching • Quality of teaching received • Extent to which increasing responsibility granted
Evaluation • Able to access evaluations • Opportunity to evaluate faculty members • Satisfied that evaluations of faculty are confidential • Opportunity to evaluate program • Satisfied that evaluations of program are confidential • Satisfied that program uses evaluations to improve • Satisfied w/feedback after assignments	**Evaluation** • Access to performance evaluations • Opportunity to evaluate faculty members • Opportunity to evaluate program • Satisfied w/faculty members' feedback

Educational Content
• Provided goals & objectives for assignments
• Instructed how to manage fatigue
• Satisfied with opportunities for scholarly activities
• Appropriate balance between education and other clinical demands
• Education (not) compromised by excessive reliance on non-MD obligations
• Supervisors delegate appropriately
• Provided data about practice habits
• See patients across variety of settings
	Educational Content
	• Instructions on minimizing effects of sleep deprivation
	• Instruction on maintaining physical and emotional wellbeing
	• Instruction on scientific inquiry principles
	• Education on assessing patient goals (e.g. end of life care)
	• Opportunities for research participation
	• Taught about healthcare disparities
	• Program instruction on when to seek care regarding
	  ○ Fatigue and sleep deprivation
	  ○ Depression
	  ○ Burnout
	  ○ Substance abuse

	Diversity and Inclusion • Preparation for interaction with diverse individuals • Program fosters inclusive work environment • Diverse resident/fellow recruitment and retention
Resources • Access to reference materials • Uses EMR in hospital • Use EMR in ambulatory setting • EMR integrated across settings • EMR effective • Provided a way to transition care when fatigued • Satisfied w/process to deal with problems & concerns • Education (not) compromised by other trainees • Residents can raise concerns w/o fear	**Resources** • Education compromised by non-MD obligations • Impact of other learners on education • Appropriate balance between education and patient care • Faculty members discuss cost awareness in patient care decisions • Time to interact with patients • Time to participate in structured learning activities • Able to attend personal appointments • Access to mental health counseling or treatment • Satisfied with safety and health conditions
Patient Safety/Teamwork • Tell patients of respective roles of faculty and residents • Culture reinforces patient safety responsibility • Participated in QI or patient safety activities • Information (not) lost during shift changes or patient transfers • Work in interprofessional teams • Effectively work in interprofessional teams	**Patient Safety and Teamwork** • Culture emphasizes patient safety • Know how to report patient safety events • Information not lost during shift changes or patient transfers • Interprofessional teamwork skills modeled or taught • Participate in adverse event analysis • Process to transition care when fatigued
	Professionalism • Residents/fellows comfortable calling supervisor with questions • Faculty members act professionally when teaching • Faculty members act professionally when providing care • Process in place for confidential reporting of unprofessional behavior • Able to raise concerns without fear or intimidation • Satisfied with process for dealing with problems or concerns • Experience or witnessed abuse
Overall • Overall opinion of the program • Overall evaluation of the program	**Overall** • Overall evaluation of the program • Overall opinion of the program