

FAQs about the ACGME Resident Survey for Program Directors

APDIM (updated 1/25/2021)

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.

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.

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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Access to performance evaluations Opportunity to evaluate faculty members Opportunity to evaluate program Satisfied w/faculty members' feedback
Educational Content <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Fatigue and sleep deprivation Depression Burnout Substance abuse
	Diversity and Inclusion <ul style="list-style-type: none"> Preparation for interaction with diverse individuals Program fosters inclusive work environment Diverse resident/fellow recruitment and retention
Resources <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Overall opinion of the program Overall evaluation of the program 	Overall <ul style="list-style-type: none"> Overall evaluation of the program Overall opinion of the program

