FAQs about the ACGME Resident and Faculty Survey for Program Directors

APDIM Council (updated January 2023)

The ACGME resident survey and faculty survey are annual surveys 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. The APDIM Council leadership met with the RC-IM Chair and staff to discuss how to address the PDs concerns. It developed the following frequently asked questions (FAQs) document and has been updating it since then. This document has been reviewed by the RC-IM for accuracy. Please also see the ACGME website for more information related to the ACGME surveys:

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

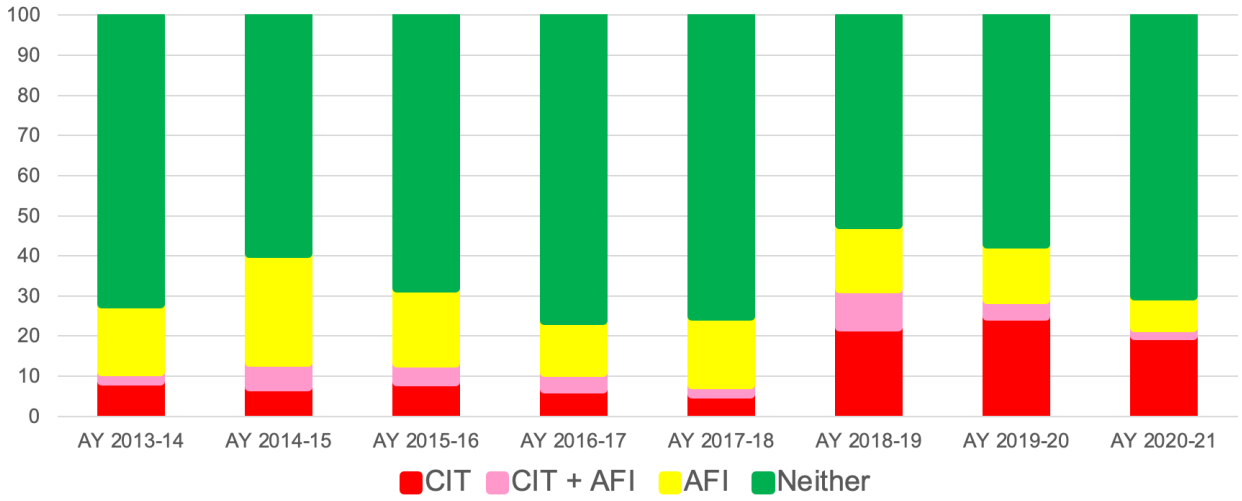
What are implications of an unfavorable survey?

The intent of the survey is to provide resident and faculty feedback to you and the RC-IM about your program. The resident and faculty surveys are two of the data elements the RC-IM uses to review its nearly 2,500 residency/fellowship programs annually in the Next or New Accreditation System (NAS). Poor performance on the resident and faculty surveys has been shown to correlate with poor performance on the certification exam (https://pubmed.ncbi.nlm.nih.gov/29596081/). It is important to clarify that just because a program is flagged as having an unfavorable survey this does not mean that the program will automatically receive a citation. Programs flagged as outliers for any of the NAS data elements undergo further review to determine whether the flag is real and is providing the RC-IM a true signal of accreditation/compliance issues, or whether the flag is noise. The RC-IM takes the following into account when making this determination: the specific items/sections on the survey with high noncompliance rates, the degree or magnitude of noncompliance, whether the survey was flagged with other NAS data elements, the total number of flags, and whether the program was flagged for the first-time or for multiple years. The RC-IM also considers program size when they review the program, recognizing that smaller programs with limited respondents are at greater risk for higher noncompliance rates. Besides the surveys, the RC uses the following data elements during the annual review process: performance on the certification exam(s); perceived adequacy of clinical experience (measured by asking a series of questions on the internal medicine section of the resident survey); faculty and resident/fellow scholarly activity; change in program leadership; whether the program has provided completed information in ADS; compliance with patient census caps; and whether the program has a poor performing subspecialties - defined as a subspecialty that is on probation, warning or has multiple NAS flags.

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 currently the vast majority of internal medicine programs in NAS do not have

any citations and have a status of Continued Accreditation. Based on data the RC-IM has presented at previous APDIM meetings, less than 5% of all internal medicine programs (residency and subspecialty 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. Until AY 2018-19, approximately 90% of residency programs did not have any citations. They either had nothing or perhaps an Area for Improvement (AFI). In AY 2018-2019, the ACGME Board's decision for RCs to strictly monitor and enforce compliance with the 80-hour per week (averaged across four weeks) standard using the survey resulted in more citations for 80-hours and subsequently more citations overall. With each year after AY 2018-2019, there has been a steady reduction in the total number of citations and evidence of increased compliance with the 80-hour rule. See data from ACGME:



How do I respond to an unfavorable survey?

Have an open and honest conversation with your residents and faculty to better understand the reasons for any of the items with lower compliance rates on the surveys. 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 address any areas with lower compliance rates**. 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 encourages 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 surveys 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 and/or faculty about the survey?

The ACGME encourages PDs to provide their residents and faculty 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" in the resident survey (see below). Residents and faculty should be encouraged to answer the survey honestly and to clarify questions they do not understand. APDIM Council developed these Power Point toolkits for you to share with your residents and faculty to explain and clarify the language of the ACGME. Each toolkit includes speaker notes for certain slides. Both toolkits are uploaded on the AAIM website under "resources".

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

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. Faculty should be aware that residents will be asked about non-physician obligations as defined above. Excessive reliance of residents on these non-physician obligations can negatively impact the education of residents.

What are the ACGME Resident and Faculty Survey Common Program Requirements Crosswalk documents? How can it help me understand my ACGME resident survey results?

This is a new(er) 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 or faculty 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.

Any other information you can tell me about the surveys?

Current topics on the ACGME Resident Survey & Faculty Survey are on the ACGME website https://www.acgme.org/data-collection-systems/resident-fellow-and-faculty-surveys/

Faculty Survey Content	Resident Survey Content
	Clinical Experience & Education • 80 hours/week • 4+ days free in 28-day period • Taken in-house call • Taken in-hospital call >q3 night • <14 hours free after 24 hours work • >28 consecutive hours work • Additional responsibilities after 24 hours of work • Adequately manage patient care w/in 80 hours • Pressured to work >80 hours
Faculty Teaching and Supervision • Program director effectiveness • Faculty members committed to educating • Faculty members satisfied with process for evaluation as educators • Sufficient time to supervise residents/fellows • Performance as educator evaluated at least once per year	**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 • Access to performance evaluations • Opportunity to evaluate faculty members

	• Opportunity to evaluate program • Satisfied w/faculty members' feedback

Educational Content
• Learning environment conducive to education
• Residents/fellows instructed in cost-effectiveness
• Residents/fellows prepared for unsupervised practice
	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 • Efforts to recruit diverse residents/fellows • Program fosters inclusive work environment • Efforts to retain diverse residents/fellows • Participated in efforts to recruit diverse: ○ Faculty members; residents; fellows; other GME staff; pre-residency learners, including medical students	**Diversity and Inclusion** • Preparation for interaction with diverse individuals • Program fosters inclusive work environment • Diverse resident/fellow recruitment and retention

Resources
• Satisfied with professional development and education
• Workload exceeded residents'/fellows' available time for work
• Participated in activities to enhance professional skills in:
  ○ Quality improvement & patient safety
  ○ Practice-based learning and improvement
  ○ Fostering residents'/fellows' well-being
  ○ Fostering own well-being
  ○ Education
  ○ Contributing to an inclusive clinical learning environment
	Resources
	• Education compromised by non-MD obligations
	• Impact of other learners on education
	• Provided direct clinical patient care
	• 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 • Know how to report patient safety events • Culture emphasizes patient safety • Effective teamwork in patient care • Information not lost during shift changes or patient transfers • Interprofessional teamwork skills modeled or taught • Residents/fellows participate in adverse event analysis • Process to transition care when residents/fellows fatigued	**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 • Satisfied with process for problems and concerns • Experienced or witnessed abuse • Residents/fellows comfortable calling supervisor with for questions • Faculty members act unprofessionally • Process for confidential reporting of unprofessional behavior	**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 evaluation of the program	**Overall** • Overall evaluation of the program • Overall opinion of the program