

## ACGME Resident Survey Content Areas

All information provided about a resident's/fellow's current program will be saved anonymously. No individual responses will be given to programs, program directors, faculty members, Sponsoring Institutions, or the Review Committees. The summarized data will be a part of the information considered by the accreditation site visitor and the Review Committee for the purposes of accreditation review of a program and Sponsoring Institution. Summary data from this survey may be used to inform ACGME policy decisions at the national level. Summary data and other information about programs, institutions, resident/fellow physicians, or resident/fellow physician education, which is not identifiable by person or organization, may be published in a manner appropriate to further the quality of graduate medical education and consistent with organizational policies. There may be additional questions specific to a survey taker's specialty and level of training.

### **Clinical Experience and Education**

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#### *Areas of requirement:*

- 80 hours per week
- 1 day free in 7
- In-house call every 3rd night
- 14 hours free after 24 hours of in-house call
- 8 hours between clinical experience and educational work hours

#### *Reasons for exceeding requirements:*

- Patient needs
- Paperwork
- Additional educational experiences
- Covering someone else's work
- Night float
- Schedule conflict
- Other

### **Faculty**

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| <ul style="list-style-type: none"> <li>○ Sufficient supervision</li> <li>○ Faculty and staff interested in residency education</li> </ul> | <ul style="list-style-type: none"> <li>○ Appropriate level of supervision</li> <li>○ Faculty and staff create environment of inquiry</li> <li>○ Sufficient instruction</li> </ul> |
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### **Evaluation**

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| <ul style="list-style-type: none"> <li>○ Able to access evaluations</li> <li>○ Opportunity to evaluate faculty members</li> <li>○ Satisfied that program uses evaluations to improve</li> </ul> | <ul style="list-style-type: none"> <li>○ Satisfied that evaluation of faculty are confidential</li> <li>○ Satisfied with feedback after assignments</li> <li>○ Opportunity to evaluate program</li> </ul> |
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### **Educational Content**

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| <ul style="list-style-type: none"> <li>○ Education compromised by excessive reliance on non-physician obligations</li> <li>○ Instructed how to manage fatigue</li> <li>○ Supervisors delegate appropriately</li> <li>○ Satisfied with opportunities for scholarly activities</li> </ul> | <ul style="list-style-type: none"> <li>○ Provided data about practice habits</li> <li>○ Appropriate balance between education and other clinical demands</li> <li>○ See patients across variety of settings</li> <li>○ Provided goals and objectives for assignments</li> </ul> |
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### **Resources**

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| <ul style="list-style-type: none"> <li>○ Access to reference materials</li> <li>○ Provided a way to transition care when fatigued</li> <li>○ Use electronic medical records in hospital</li> <li>○ Satisfied with process to deal with problems and concerns</li> </ul> | <ul style="list-style-type: none"> <li>○ Use electronic medical records in ambulatory settings</li> <li>○ Education compromised by other trainees</li> <li>○ Electronic medical records integrated across settings</li> <li>○ Residents/fellows can raise concerns without fear</li> <li>○ Electronic medical records effective</li> </ul> |
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### **Patient Safety and Teamwork**

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| <ul style="list-style-type: none"> <li>○ Culture reinforces patient safety responsibility</li> <li>○ Tell patients of respective roles of faculty members and residents/fellows</li> <li>○ Work in interprofessional teams</li> </ul> | <ul style="list-style-type: none"> <li>○ Effectively work in interprofessional teams</li> <li>○ Information lost during shift changes or patient transfers</li> <li>○ Participated in quality improvement or patient safety activities</li> </ul> |
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### **Overall Evaluation of Program**

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- Overall evaluation of the program