

ACGME Resident/Fellow Survey Content Areas

All information provided about the program will remain confidential. No individual responses will be given to the program, program director, faculty members, institution, residents, fellows, or to the ACGME Review Committees. The summarized data will be part of the information considered by the Review Committees for the accreditation of the program and Sponsoring Institution. No accreditation decisions will be made based solely on the survey results. Summary data from the survey may be used to inform ACGME policy decisions at the national level. The ACGME may publish summary data and other information about programs, institutions, residents, fellows, or graduate medical education (GME), which is not identifiable by person or organization, in a manner appropriate to further the quality of GME and consistent with federal and state laws and ACGME policies. Additional questions specific to specialty or subspecialty and well-being may also be asked.

Resources

- Education compromised by non-physician obligations
- Impact of other learners on education
- Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care
- Faculty members discuss cost awareness in patient care decisions
- Time to interact with patients
- Protected time to participate in structured learning activities
- Able to attend personal appointments
- Able to access confidential mental health counseling or treatment
- Satisfied with safety and health conditions

Professionalism

- Residents/fellows encouraged to feel 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 of intimidation or retaliation
- Satisfied with process for dealing confidentially with problems and concerns
- Personally experienced abuse, harassment, mistreatment, discrimination, or coercion
- Witnessed abuse, harassment, mistreatment, discrimination, or coercion

Patient Safety and Teamwork

- Information not lost during shift changes, patient transfers, or the hand-off process
- Culture reinforces personal responsibility for patient safety
- Know how to report patient safety events
- Interprofessional teamwork skills modeled or taught
- Participate in safety event investigation and analysis
- Process to transition patient care and clinical duties when fatigued

Faculty Teaching and Supervision

- Faculty members interested in education
- Faculty effectively creates environment of inquiry
- Appropriate level of supervision
- Appropriate amount of teaching in all clinical and didactic activities
- Quality of teaching received in all clinical and didactic activities
- Extent to which increasing clinical responsibility granted, based on resident's/fellow's training and ability

Evaluation

- Access to performance evaluations
- Opportunity to confidentially evaluate faculty members at least annually
- Opportunity to confidentially evaluate program at least annually
- Satisfied with faculty members' feedback

Educational Content

- Instruction on minimizing effects of sleep deprivation
- Instruction on maintaining physical and emotional well-being
- Instruction on scientific inquiry principles
- Education in assessing patient goals (e.g., end-of-life care)
- Opportunities to participate in scholarly activities
- Taught about health care disparities
- Program instruction in how to recognize the symptoms of and when to seek care regarding:
 - Burnout
 - Depression
 - Fatigue and sleep deprivation
 - Substance use disorder

Diverse Patient Populations

- Preparation for interaction with diverse patient populations

Clinical Experience and Education

- 80-hour week (averaged over a four-week period)
- Four or more days free in 28-day period
- Taken in-hospital call more than every third night
- Less than 14 hours free after 24 hours of work
- More than 28 consecutive hours work
- Additional responsibilities after 24 consecutive hours of work
- Adequately manage patient care within 80 hours
- Pressured to work more than 80 hours

Overall

- Overall evaluation of program
- Overall opinion of program